

Volunteer Registration Form - Longford Volunteer Centre

Name	
Address	
Phone 1	Phone 2
E-mail	

Age Group								Gender	
Under 16	<input type="checkbox"/>	16-25	<input type="checkbox"/>	26-35	<input type="checkbox"/>	36-49	<input type="checkbox"/>	Male	<input type="checkbox"/>
50-60	<input type="checkbox"/>	60-70	<input type="checkbox"/>	70+	<input type="checkbox"/>	Not given	<input type="checkbox"/>	Female	<input type="checkbox"/>
Availability								Nationality	
Mon.	Tues	Wed.	Thur	Fri.	Sat.	Sun.		Volunteered before	Yes <input type="checkbox"/>
AM								No	<input type="checkbox"/>
PM								If Yes, give details	
Evening									
Do you have any skills/qualities which may be useful in volunteering?									
								Do you transport to get to the volunteer site?	

Is there a particular type of Voluntary work which interests you?- please number in order of preference...								
Animals	<input type="checkbox"/>	Arts/Culture/Media	<input type="checkbox"/>	Befriending	<input type="checkbox"/>			
Campaigning & Awareness raising	<input type="checkbox"/>	Childcare	<input type="checkbox"/>	Religion/Church Based	<input type="checkbox"/>			
Computers	<input type="checkbox"/>	Driver	<input type="checkbox"/>	Education /Literacy	<input type="checkbox"/>			
Environment	<input type="checkbox"/>	Fund-raising	<input type="checkbox"/>	Health/Disability	<input type="checkbox"/>			
Information Giver	<input type="checkbox"/>	Management	<input type="checkbox"/>	Mentor	<input type="checkbox"/>			
Office	<input type="checkbox"/>	Older People/Active retired	<input type="checkbox"/>	Once Off	<input type="checkbox"/>			
Phone Line Help	<input type="checkbox"/>	Practical work	<input type="checkbox"/>	Residential	<input type="checkbox"/>			
Shop/Retail	<input type="checkbox"/>	Social Work	<input type="checkbox"/>	Sports/recreation	<input type="checkbox"/>			
Virtual Volunteering	<input type="checkbox"/>	Youth/Children	<input type="checkbox"/>	No Preference...	<input type="checkbox"/>			

Why do you want to volunteer now?	How long do you intend to volunteer for?	
	e.g. 1 month, indefinitely	
	How frequently would you be able to volunteer?	
	Once a week	<input type="checkbox"/>
	Once a month	<input type="checkbox"/>
Specific Projects	<input type="checkbox"/>	
Other... please specify		

In which locality do you wish to volunteer?			
Longford Town	<input type="checkbox"/>	Drumlish	<input type="checkbox"/>
Ardagh	<input type="checkbox"/>	Edgeworthstown	<input type="checkbox"/>
Ballinalee	<input type="checkbox"/>	Lanesboro	<input type="checkbox"/>
Ballymahon	<input type="checkbox"/>	Other	<input type="checkbox"/>

Notes:

Would you like to be contacted from time to time about "Once Off" Opportunities			
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Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Do you have any special support needs which the VC should take into account when placing you in your opportunity e.g. health problems, a disability or anything you feel we should know about?			
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Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes give details:

How did you hear about the Volunteer Centre?

For Longford VC USE ONLY:

General Notes: