



Opportunity Registration Form (Additional Opportunities)

GUIDE TO FILLING IN THE FORM

Please fill in the form below **only** if you have already registered your organisation with us.
If you have not previously registered with us, then please contact us on 01708 742 881 for an Organisation Registration Form.

Opportunity Details	
Organisation	
Volunteer Role	
Address	
Contact name	
Telephone & Fax	T: _____ F: _____
Address <i>(if different from above)</i>	
E mail	
Web	
Days and Times people are needed <i>(if opportunity is flexible please tick all boxes)</i>	
	Sat Sun Mon Tues Weds Thurs Fri
AM	
PM	
EVE	
Please tick if this is a one-off opportunity <input type="checkbox"/> Start Date: _____ End Date: _____	
Directions	
Tube/Rail	
Bus routes	
Details	

Opportunity Description

This section is your chance to sell your opportunity! Please explain what the role/opportunity is, why people are needed and the minimum time commitment e.g. one off (i.e. taking part in a one day event), two days a week for three months etc.

Skills/experience/qualifications needed/preferred

Recruitment and Selection *(please indicate which recruitment methods you use)*

<input type="checkbox"/>	Application Form	<input type="checkbox"/>	Informal Discussion	<input type="checkbox"/>	Interview	<input type="checkbox"/>	Just turn up
<input type="checkbox"/>	References	<input type="checkbox"/>	Trial Period	<input type="checkbox"/>	CRB Check	<input type="checkbox"/>	Register Interest/Waiting List

Policies, Training and Access *(please write YES or NO for each question, giving details if asked)*

Are there any restrictions on who can get involved? (e.g. age, gender)	
Is there disabled access	
Do you have an Equal Opportunities policy?	
Do you cover volunteers expenses? (i.e. travel, lunch etc) <i>(please give details)</i>	
Will the volunteer receive training as part of this opportunity? <i>(please give details)</i>	
Will the volunteer receive an induction?	

All organisations must have appropriate insurance cover for all activities undertaken by volunteers, including those working off-site. Which of the listed levels of insurance cover does your organisation have?

<input type="checkbox"/>	Public Liability	<input type="checkbox"/>	Employer Liability	<input type="checkbox"/>	Appropriate motor insurance	<input type="checkbox"/>	Member to member
<input type="checkbox"/>	Professional Indemnity	<input type="checkbox"/>	Personal Accident	<input type="checkbox"/>	Third Party	<input type="checkbox"/>	

Notes (Please use the space below to tell us anything else you think we might need to know)

Marketing by *Volunteer Centre Havering*

The information you have supplied will be added to our database and forwarded to potential volunteers. It will be displayed on the national database www.do-it.org.uk. If you do not wish your information to appear on the website please tick here

Declaration

I confirm that the details on this form are accurate and reflect our current situation.

Signed:.....Name:.....Date:.....

Please return form to:
 The Volunteer Centre Team
 HAVCO
 Community House
 19/21 Eastern Road
 Romford RM1 3NH

Telephone: 01708 742881