

Please note - if your organisation has already registered with us and has the same contact details, please just fill in the name of your organisation and complete section 2

Section 1 - Organisation Registration Form - South Dublin County Volunteer Centre

Org. Name					
Address					
Phone		Email			
Website					
Company no.		Chy No			
Contact Person		Job Title			
Give a brief description of the work of your organisation					
Is your organisation not for profit	Yes <input type="checkbox"/>	How is your organisation funded			
	No <input type="checkbox"/>				
Number of full time staff		Number of Part time staff		Number of CE/ JI workers	
Present no. of Volunteers		No. of Volunteers required			

Section 2 - About Your Volunteering Opportunity

If you require volunteer for different roles, please photocopy this form and fill in details for each specific role

What will the role of the Volunteer be?					
What specific tasks will the volunteer undertake?					
Are there any particular skills or qualities required for the role					
Is the work being done at present?	Yes <input type="checkbox"/>	If yes by whom?			
	No <input type="checkbox"/>				
Minimum length of commitment e.g 3 months, 1 year		How many hours commitment per week is required?			

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At what times is the volunteer required?		Mon.	Tues	Wed.	Thur	Fri.	Sat.	Sun.
		AM						
		PM						
		Evening						
Is there a minimum age commitment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes give details						
Place of volunteering if different from organisation main address								
Does your organisation have a volunteer policy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Does your organisation have a childcare policy			Yes <input type="checkbox"/> No <input type="checkbox"/>			
Does your organisation support equal opportunities?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is your premises accessible for people with disabilities			Yes <input type="checkbox"/> No <input type="checkbox"/>			
Will the volunteer receive support/recognition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Will the volunteer be supervised			Yes <input type="checkbox"/> No <input type="checkbox"/>			
Will the volunteer receive training for their role?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Will the volunteer be reimbursed out of pocket expenses?			Yes <input type="checkbox"/> No <input type="checkbox"/>			
Will the volunteer be covered by your insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you require references from a volunteer?			Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you carry out formal interviews with the volunteer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you carry out informal interviews with the volunteer?			Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you aware we do not select volunteers?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you aware we do not check references?			Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you undertake any other checks or screening before accepting volunteers? If yes, please give details								
Do you wish to add anything else?								

For volunteer centre use only.