

Volunteer Registration Form - South Dublin County 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"/>		
50-59	<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.			Yes <input type="checkbox"/>	
AM									No <input type="checkbox"/>	
PM										
Evening										
Do you have any skills/qualities which may be useful in volunteering?								If Yes, give details		
								Why do you want to volunteer now?		

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"/>

Is there any client group you would feel uncomfortable working with?		How long do you intend to volunteer for?	
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes please give details		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?			
Tallaght	<input type="checkbox"/>	Clondalkin	<input type="checkbox"/>
Terenure	<input type="checkbox"/>	Lucan	<input type="checkbox"/>
Rathfarnham	<input type="checkbox"/>	Templeogue	<input type="checkbox"/>
Dublin General	<input type="checkbox"/>	No Preference...	<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 VC USE ONLY:

General Notes: