

Volunteering Opportunity Registration Form



Please see the guidance notes before completing this form.

Fill in a separate form for each different opportunity

1 Title of Opportunity e.g. driver, administrator etc.: _____

2 Name of Organisation: _____

3 Contact name for this particular volunteer opportunity: _____

Position: _____ Tel No: _____

E Mail: _____

4 Please give a summary of the opportunity (*no more than 35 words*). This is your chance to “sell” the opportunity to people so try to make it sound interesting and worthwhile.

5 Fuller description of the opportunity (*no more than 150 words*).

6 Where does the opportunity happen and what are the travel details?

7 Which **one** of the following activities best matches the volunteer opportunity?

- | | | |
|---|---|---|
| ☐ Administration/Office work | ☐ Advice/Information giving | ☐ Advocacy/Human Rights |
| ☐ Arts (Music/drama/crafts) | ☐ Befriending/Mentoring | ☐ Campaign/Lobbying |
| ☐ Care/Support worker | ☐ Catering | ☐ Charity Shops/Retail |
| ☐ Community/Economic Dev. Work | ☐ Committee Work | ☐ Computing |
| ☐ Conservation/Gardening | ☐ Counselling | ☐ Disaster/Emergency relief |
| ☐ Driving/Escorting | ☐ Equal Opps/Race Relations | ☐ Finance/Accountancy |
| ☐ Fundraising | ☐ Home-based Volunteering | ☐ Justice/Legal assistance |
| ☐ Languages/Translating | ☐ Library/Information Management | ☐ Management/Business Skills |
| ☐ Marketing/PR/Media | ☐ Online volunteering | ☐ Playschemes/Children's Clubs |
| ☐ Practical/DIY | ☐ Research/Policy work | ☐ Residential Volunteering |
| ☐ Short term/Seasonal | ☐ Specialist/Technical | ☐ Sports, outdoor activities |
| ☐ Tutoring/Supporting Learners | ☐ Volunteering for under 16s | ☐ Youth work |

8 Which **one** of the following subjects/issues best matches the volunteer opportunity?

- | | | |
|---|--|---|
| ☐ Animals | ☐ Anti-poverty work | ☐ Arts (music/drama/crafts) |
| ☐ Carers | ☐ Children | ☐ Crime/Safety |
| ☐ Disaster/Emergencies | ☐ Drugs/Alcohol issues | ☐ Education/Literacy |
| ☐ Elderly | ☐ Environment | ☐ Ethnic minorities |
| ☐ Families | ☐ Gender/Sexuality | ☐ Health/Hospitals/Hospices |
| ☐ Homeless/Housing | ☐ Human/Civil rights/Justice | ☐ Learning disabilities |
| ☐ Men's Groups | ☐ Mental Health | ☐ Museums/Galleries/Heritage |
| ☐ Offenders/Ex-offenders | ☐ Overseas aid/Developing world | ☐ Physical disability |
| ☐ Refugees/Asylum seekers | ☐ Religion/Faith | ☐ Sensory impairment |
| ☐ Sport/Outdoor activities | ☐ Tackling Unemployment | ☐ Women's Groups |
| ☐ Young people | | |

9 Are there any restrictions on who can be a volunteer?

Minimum Age: _____ Maximum Age: _____ Gender restrictions: _____

Please explain why restrictions apply: _____

10 Number of volunteers needed for this opportunity: _____

11 What skills, attitudes, experience does a person need to do this volunteer opportunity?

12 a) If you do not want this opportunity to appear on the Volunteer Centre website, please tick here: ☐

b) If you work from home and would rather your contact details were not published on the web / directories you can choose to display Fife Voluntary Action's contact details with the opportunity.

☐ I would like to use FVA's contact details

13 When does the volunteer opportunity start? (dd/mm/yy): _____

Is there an end date? If yes please enter (dd/mm/yy): _____ **or** is it ongoing (tick if YES): ☐

14 What are the **minimum** hours per day, week etc that a volunteer would need to do for this opportunity e.g. 4 hours per week, 2 hours per fortnight, etc:

_____ Hours per [day] [week] [fortnight] [month] [quarter] (please circle)

Other (please describe): _____

15 Is there a minimum commitment expected of the volunteer e.g. 6 weeks, 3 months etc.

_____ (Enter a number) [days] [weeks] [months] [years] (please circle)

Other (please describe): _____

16 Please tick when the opportunity happens. Tick as many boxes as appropriate.

	Morning	Afternoon	Evening/Night	Does the opportunity take place in school holidays?
Monday	☐	☐	☐	
Tuesday	☐	☐	☐	☐ Yes ☐ No
Wednesday	☐	☐	☐	Does the opportunity take place in term-time?
Thursday	☐	☐	☐	☐ Yes ☐ No
Friday	☐	☐	☐	
Saturday	☐	☐	☐	
Sunday	☐	☐	☐	

17 What types of insurance(s) cover this opportunity?

☐ Public Liability

☐ Personal Accident

☐ Professional Indemnity

☐ Employers Liability

Other: _____

18 What selection method(s) will be used for prospective volunteers?

☐ Application Form

☐ Criminal Record (Disclosures)

☐ Induction/training

☐ References

☐ Informal chat

☐ Trial Period

☐ Interview

Other(s): _____

19 Training and Support for Volunteers

Yes

No, but would like further information

Will the volunteer be offered induction/start up training?

☐☐

Will the volunteer be offered on-going training?

☐☐

Will the volunteer be offered support?

☐☐

20 Please give a brief description of induction, ongoing training and support for the volunteer:

21 Will the volunteer have a named contact person at your organisation? ☐ Yes ☐ No

22 Is childcare/ are childcare costs available for volunteers? ☐ Yes ☐ No

23 Is there wheelchair access where the opportunity happens? ☐ Yes ☐ No

24 Are there wheelchair accessible toilets where the opportunity happens? ☐ Yes ☐ No

25 Are travel expenses available for volunteers? ☐ Yes ☐ No

If yes, please give details on how and when expenses are paid e.g. we pay public transport rates and reimburse volunteers every week. Also include mileage rates if applicable.

26. Who funds this volunteer opportunity? (Please see guidance notes)

☐ Business Sector

☐ European Money

☐ Central Govt – Scottish Government

☐ Health Board

☐ Local Council

☐ Central Govt – Westminster

☐ Charitable Trusts

☐ Local Enterprise Trust

☐ Voluntary Action Fund

☐ Lottery

Other (please describe): _____

I have read the information above and I confirm the details given are correct. I have read and understood the Registration Information Document, which provides details of how this data is used and sets out Fife Voluntary Action's Values. I am authorised to sign this on behalf of my organisation.

Name: _____ Position in Organisation: _____

Signature: _____ Date: _____

If there are any other areas of your work in which you might wish to develop volunteer opportunities, please tick this box and we'll get in touch with you: ☐

Thank you for completing this form.

Please keep a copy of this form for your own records, and send a copy in to us.

Dunfermline:
29A Canmore Street,
Dunfermline KY12 7NU
01383 732 136

Kirkcaldy:
10 St. Brycedale Avenue,
Kirkcaldy KY1 1ET
01592 645 540

Buckhaven:
23-27 Randolph Street,
Buckhaven KY8 1AT
01592 567 001

Cupar:
Volunteer House, 69 Crossgate,
Cupar KY15 5AS
01334 654 080