

VOLUNTEER REGISTRATION FORM

Full Name: Title:

Address:

Post Code:

Home Tel:

Mobile:

Email:

Date of Birth: Male Female

Organisation referred by (if applicable):

Disability: The reVOLVe team is committed to ensuring equality of opportunity to all our volunteers, so that we can support you in every way you need, please answer the following questions:

Do you consider yourself to be disabled? Yes No

Do you have any additional support or access needs? Yes No

If yes, please say what they are:

Have you done any volunteering in the last 12 months? Yes No

What sort of voluntary work would you like to do?

When can you volunteer? In the boxes below, please tell us the times when you might be able to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
EVE							

I confirm that the information supplied on this form is correct and to the best of my ability. By signing this form I give permission for reVOLVe and partner agencies to store my information and keep me updated of volunteering opportunities and developments. You have the right to be taken off our mailing list at any time.

Signature: Date:

EQUAL OPPORTUNITIES FORM



Ethnicity Please tick

Asian or Asian British		Chinese		Irish Traveller	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Other Traveller	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Dual Heritage		White	
Bangladeshi	<input type="checkbox"/>	Black Caribbean & White	<input type="checkbox"/>	White British	<input type="checkbox"/>
Other Asian	<input type="checkbox"/>	Black African & White	<input type="checkbox"/>	White Irish	<input type="checkbox"/>
Black or Black British		Asian & White	<input type="checkbox"/>	Other White	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	Other Dual Heritage	<input type="checkbox"/>	Other Ethnic Group	
African	<input type="checkbox"/>	Roma and Travellers		Other	<input type="checkbox"/>
Other Black	<input type="checkbox"/>	Roma	<input type="checkbox"/>	Prefer Not To Say	<input type="checkbox"/>

Disability Please tick

Learning Difficulty	<input type="checkbox"/>	Multiple Disabilities	<input type="checkbox"/>	Mental Health Issues	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>	Prefer Not To Say	<input type="checkbox"/>
Long Term/Life-limiting Illness	<input type="checkbox"/>	Sensory Disability	<input type="checkbox"/>	None	<input type="checkbox"/>

Employment, Education, Training Status Please tick

Employed	<input type="checkbox"/>	In Training	<input type="checkbox"/>	In Education / Learning	<input type="checkbox"/>
Not In Employment, Education Or Training	<input type="checkbox"/>	Self-employed	<input type="checkbox"/>	Other	<input type="checkbox"/>

Education Please tick

No Qualifications	<input type="checkbox"/>	NVQ Or Equivalent	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Below Level 2 (Fewer than 5 GCSEs A-C)	<input type="checkbox"/>	A Level	<input type="checkbox"/>	Other	<input type="checkbox"/>
Above Level 2 (5 or more GCSEs A-C)	<input type="checkbox"/>	Degree	<input type="checkbox"/>	None	<input type="checkbox"/>
		Post-Graduate	<input type="checkbox"/>		

Sexual Orientation Please tick

Bisexual	<input type="checkbox"/>	Gay	<input type="checkbox"/>	Heterosexual/Straight	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>	Other	<input type="checkbox"/>	Prefer Not To Say	<input type="checkbox"/>

Additional Information Please tick

Low Income	<input type="checkbox"/>	Homeless	<input type="checkbox"/>	At Risk Of Exclusion	<input type="checkbox"/>
Offender/Ex-Offender	<input type="checkbox"/>	In Or Leaving Care	<input type="checkbox"/>	Refugee/Asylum Seeker	<input type="checkbox"/>
Lone Parent	<input type="checkbox"/>	Young Carer	<input type="checkbox"/>	Other	<input type="checkbox"/>
Prefer Not To Say	<input type="checkbox"/>	None	<input type="checkbox"/>		