



Volunteer Details Form R1

Volunteer Details

MV ID Number _____
Date _____
Surname _____
First name _____
Title _____
Known as _____
Date of birth _____
Gender _____
Ethnic group _____
Unwaged for _____
Employment _____
Project (LA Specific) _____
New to volunteering Yes No

Volunteer Address

Address Line 1 • _____
Address Line 2 • _____
Address Line 3 • _____
Town / City • _____
County • _____
Country • _____
Post code • _____

Contact Details

Home telephone _____
Mobile telephone _____
Work telephone _____
Fax number _____
E-mail address _____
Contact by phone Yes No

MV Award



Volunteering Options

- Available for 'one off' opportunities Yes No
- ID card issued Yes No
- MV volunteer Yes No
- Driver Yes No

Emergency Contact

Name _____

Phone number _____

Address line 1 _____

Address line 2 _____

Address line 3 _____

Town / City _____

County _____

Country _____

Postcode _____

Initial Approach

- Organisation via e-mail • Yes No
-
- Phone • Yes No
-
- Visit VC via E-mail • Yes No
-
- Phone • Yes No
-
- Visit • Yes No

MV Award



Why Volunteer?

Why?

Why volunteer?

How did you hear about this opportunity?

Volunteering Interest

Client groups

Work types

Skills

Additional Support

Support needs

Support issues

Disability

Yes

No

MV Award



Availability

Monday	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>
Tuesday	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>
Wednesday	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>
Thursday	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>
Friday	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>
Saturday	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>
Sunday	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>

Flexible	Yes <input type="checkbox"/>	No <input type="checkbox"/>
School holidays	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Term time	Yes <input type="checkbox"/>	No <input type="checkbox"/>



Referee 1

Referee name _____
Title / Role _____
Phone number(s) _____
Status _____
Relationship _____
Address line 1 _____
Address line 2 _____
Address line 3 _____
Town / City _____
County _____
Country _____
Postcode _____

Referee 2

Referee name _____
Title / Role _____
Phone number(s) _____
Status _____
Relationship _____
Address line 1 _____
Address line 2 _____
Address line 3 _____
Town / City _____
County _____
Country _____
Postcode _____



