



Imperial House, 22 Imperial House, Rosemary Road, Clacton 01255 427888

A Member of: **Essex Association of Volunteer Centres**

Title (Mr, Ms, Mrs etc)		First name		Surname	
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Address:

I agree to be contacted about volunteering. Yes/ No

Tel: (day)		Tel: (evening)	
Mobile		E Mail	

How did you hear about the Volunteer Centre?

Please take few minutes to look through the following lists to help us match you to a suitable opportunity.

Area of Benefit/Interest: (Who/what would you like to help?) Please tick appropriately	Type of Activity: (What would you like to do?) Please tick appropriately
Animals	Administration
Art and Culture	Advice Work and Counselling
Children	Architecture and Building Work
Disability	Art
Disaster Relief	Befriending
Domestic Violence	Business and Management
Drugs and Addictions	Campaigning and Lobbying
Education and Literacy	Caring
Elderly	Catering
Emergency Services	Community Work
Employment	Computers, Technology, Website Design
Environment	Counselling
Families	Driving
Gay, Lesbian, Bi and Transsexual	Employee & Group Volunteering
Health and Hospital and Hospices	Entertainment
Heritage	Finance Work
Homelessness and Housing	First Aid
Human and Civil Rights	Fundraising
International Aid and Disaster Relief	Gardening
Legal Aid and Justice	General & Helping
Mental Health	Hostel Work
Mentoring	Languages
Museums	Legal Work
Music	Local Events
Politics	Marketing and PR and Media
Prisoners and Ex-Offenders	Music
Race and Ethnicity and Refugees	National & International Events
Religion	Practical Work and DIY
Sport and Outdoor Activities	Retail and Charity Shops
Women's Groups	Sports Volunteering
Youth	Teaching, Training & Coaching
	Trusteeship & Committee work
	Under 16's volunteering

Please give brief details of any previous voluntary work, skills, qualifications or experience.

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Please indicate the times that you can volunteer. If flexible please tick all.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
am							
pm							
evening							

ALL THE FOLLOWING SECTIONS ARE OPTIONAL. THEY CAN BE LEFT BLANK BUT PLEASE SIGN THE FORM AT THE BOTTOM.

Date of Birth			
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Please place a tick against your current employment status (optional)

Employed	Employed part time	Houseperson	Non-employed	Retired
Self employed	Student	Unable to work	Unemployed	

Please place a tick against your ethnic background (optional)

Any other background	Indian	Pakistani	White British (English)
Bangladeshi	Other Asian	White & Asian	White British (Scottish)
Black African	Other Black	White & Black African	White British (Welsh)
Black Caribbean	Other Mixed	White & Black Caribbean	White Irish
Chinese	Other White	White British	Rather not say

Nationality	Religion (optional)	Do you consider yourself to be disabled?	Are you insured for volunteer driving?	Own Transport	Type of licence (Full, Provisional, HGV, Motorcycle)
		Yes/ No	Yes/ No	Yes/ No	

To the best of my knowledge and belief the information I have given is correct. This information will be treated as confidential and any relevant details will only be made available to another organisation with my permission. Involvement as a volunteer may require references and/or a Criminal Records Check, if appropriate.

Data Protection: I consent to the information on this form being held on file in accordance with the Data Protection Act 1998

Signed:DATE:.....