

REGISTRATION FORM FOR VOLUNTEERS

The information on this registration form will also be kept on the Community Care's computerised database and will not be disclosed to anyone without your permission.

If you do not want your details held on this database, please tick here



Mr Mrs Miss Ms

First Name _____	Date of Birth _____
Surname _____	Daytime Tel: _____
Address _____	Evening Tel: _____
_____	Mobile: _____
Postcode _____	email: _____

Please give brief details of any work experience, skills or interests you have which may be useful in your voluntary work.

Please take a few minutes to look through the following lists.

The areas of interest and the activities that you choose will help us to find you the right volunteering opportunity.

Please tick any of the following that are of interest:

AREAS OF INTEREST

- | | |
|---|---|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Homeless & Housing |
| <input type="checkbox"/> Art and Culture | <input type="checkbox"/> Human & Civil Rights |
| <input type="checkbox"/> Children | <input type="checkbox"/> International Aid |
| <input type="checkbox"/> Disability (learning) | <input type="checkbox"/> Legal Aid & Justice |
| <input type="checkbox"/> Disability (physical) | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Disaster Relief | <input type="checkbox"/> Mentoring |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Millennium Volunteers |
| <input type="checkbox"/> Drugs & Addictions | <input type="checkbox"/> Museums |
| <input type="checkbox"/> Education & Literacy | <input type="checkbox"/> Music |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Politics |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Prisoners & Ex-offenders |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Race, Ethnicity & Refugees |
| <input type="checkbox"/> Families | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Gay, Lesbian Bi & Transexual | <input type="checkbox"/> Sport & Outdoor Activities |
| <input type="checkbox"/> Health, Hospital & Hospices | <input type="checkbox"/> Women's Groups |
| <input type="checkbox"/> Heritage | <input type="checkbox"/> Youth |

TYPE OF ACTIVITY

- | | |
|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Advice Work | <input type="checkbox"/> Hostel Work |
| <input type="checkbox"/> Architecture & Building Work | <input type="checkbox"/> Languages |
| <input type="checkbox"/> Art | <input type="checkbox"/> Legal Work |
| <input type="checkbox"/> Befriending | <input type="checkbox"/> Marketing, PR, Media |
| <input type="checkbox"/> Business & Management | <input type="checkbox"/> Music |
| <input type="checkbox"/> Campaigning & Lobbying | <input type="checkbox"/> Practical Work & DIY |
| <input type="checkbox"/> Caring | <input type="checkbox"/> Retail & Charity Shops |
| <input type="checkbox"/> Cooking/Catering | <input type="checkbox"/> Teaching & Training |
| <input type="checkbox"/> Community Work | <input type="checkbox"/> Trusteeship/Management |
| <input type="checkbox"/> Computers & Technology | <input type="checkbox"/> Under 16 Volunteering |
| <input type="checkbox"/> Counselling | |
| <input type="checkbox"/> Driving | |
| <input type="checkbox"/> Entertainment | |
| <input type="checkbox"/> Finance Work | |
| <input type="checkbox"/> Fundraising | |

Your availability - please tick.

Are you available for one-off opportunities? YES NO

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Do you have any health problems that may affect your

work as a volunteer? YES NO If yes, please give details.

How do you know about Melbourne Community Care?

Please tick one

- | | | | |
|-------------------------------------|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Media | <input type="checkbox"/> School | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Passing by | <input type="checkbox"/> Tel. Directory | <input type="checkbox"/> Job Centre | <input type="checkbox"/> Post Office |

