

# Volunteer Registration Form - Dublin City South Volunteer Centre

<b>Name</b>			
<b>Address</b>			
<b>Phone 1</b>		<b>Phone 2</b>	
<b>E-mail</b>			

<b>Age Group</b>								<b>Gender</b>	
Under 16	<input type="checkbox"/>	16-25	<input type="checkbox"/>	26-35	<input type="checkbox"/>	36-49	<input type="checkbox"/>	Male	<input type="checkbox"/>
50-60	<input type="checkbox"/>	60-70	<input type="checkbox"/>	70+	<input type="checkbox"/>	Not given	<input type="checkbox"/>	Female	<input type="checkbox"/>
<b>Availability</b>								<b>Nationality</b>	
<b>Mon.</b>	<b>Tues</b>	<b>Wed.</b>	<b>Thur</b>	<b>Fri.</b>	<b>Sat.</b>	<b>Sun.</b>		<b>Volunteered before</b>	Yes <input type="checkbox"/>
<b>AM</b>								No	<input type="checkbox"/>
<b>PM</b>								<b>If Yes, give details</b>	
<b>Evening</b>									

<b>Do you have any skills/qualities which may be useful in volunteering?</b>								<b>Why do you want to volunteer now?</b>	

<b>Is there a particular type of Voluntary work which interests you?- please number in order of preference...</b>								
Animals	<input type="checkbox"/>	Arts/Culture/Media	<input type="checkbox"/>	Befriending	<input type="checkbox"/>			
Campaigning & Awareness raising	<input type="checkbox"/>	Childcare	<input type="checkbox"/>	Religion/Church Based	<input type="checkbox"/>			
Computers	<input type="checkbox"/>	Driver	<input type="checkbox"/>	Education /Literacy	<input type="checkbox"/>			
Environment	<input type="checkbox"/>	Fund-raising	<input type="checkbox"/>	Health/Disability	<input type="checkbox"/>			
Information Giver	<input type="checkbox"/>	Management	<input type="checkbox"/>	Mentor	<input type="checkbox"/>			
Office	<input type="checkbox"/>	Old People/Active retired	<input type="checkbox"/>	Once Off	<input type="checkbox"/>			
Phone Line Help	<input type="checkbox"/>	Practical work	<input type="checkbox"/>	Residential	<input type="checkbox"/>			
Shop/Retail	<input type="checkbox"/>	Social Work	<input type="checkbox"/>	Sports/recreation	<input type="checkbox"/>			
Virtual Volunteering	<input type="checkbox"/>	Youth/Children	<input type="checkbox"/>	No Preference...	<input type="checkbox"/>			

<b>Is there any client group you would feel uncomfortable working with?</b>		<b>How long do you intend to volunteer for?</b>	
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>If yes please give details</b>		<b>How frequently would you be able to volunteer?</b>	
		Once a week	<input type="checkbox"/>
		Once a month	<input type="checkbox"/>
		Specific Projects	<input type="checkbox"/>
		Other... please specify	

<b>In which locality do you wish to volunteer?</b>			
Dublin 2	<input type="checkbox"/>	Dublin 4	<input type="checkbox"/>
Dublin 6	<input type="checkbox"/>	Dublin 8	<input type="checkbox"/>
Dublin 10	<input type="checkbox"/>	Greater Dublin	<input type="checkbox"/>
Dublin 12	<input type="checkbox"/>	No Preference	<input type="checkbox"/>
Notes:			
<b>Would you like to be contacted from time to time about "Once Off" Opportunities</b>			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Do you have any special support needs which DCSVC should take into account when placing you in your opportunity e.g. health problems, a disability or anything you feel we should know about?</b>			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes give details:			

<b>How did you hear about Dublin City South Volunteer Centre?</b>

<b>For DCSVC USE ONLY:</b>
General Notes: