



GWENT
ASSOCIATION OF
VOLUNTARY
ORGANISATIONS

Charity Reg No. 1113558 Company Limited By Guarantee 5590517

ORGANISATION REGISTRATION FORM

Please complete and return to:

NEWPORT VOLUNTEER CENTRE
Ty Derwen Church Road Newport South Wales NP19 7EJ
Tel: 01633 241550 / Fax: 01633 241583
Email: amele.tukandra@gavowales.org.uk

1. ORGANISATION DETAILS

Name of Organisation/Project::

Address:

Post Code:

Telephone:

Fax:

Website address:

Organisation Status *(Please circle where appropriate):*

Constituted Group

Community Interest Company

Unincorporated Association

Company Limited by Guarantee

Registered Charity

Registered Company/Charity Number:

Contact Person:

Position/Role:

Telephone:

E-mail:

2. ORGANISATION AIMS/OBJECTIVES:

Has your organisation worked with volunteers before?	Yes	No
Are you a member of the Gwent Association of Voluntary Organisations?	Yes	No
Are you a member of a County Voluntary Council?	Yes	No
Do you require information / support / training with your volunteering programme? Details:	Yes	No
Would your organisation recruit volunteers between the ages 16 -24 years?	Yes	No

If yes, would you like information about the Millennium Volunteer Programme as funding *may* be available to your organisation? Yes No

3. POLICIES

Does your organisation have any of the following policies?

Child Protection Policy

Vulnerable Adults Policy

Lone Working Policy

Equal Opportunities Policy

Complaints & Grievance Procedure

Volunteer Policy

Health & Safety Policy

Volunteer Expenses Policy

Insurance that covers volunteers

Do you require any Information/support to develop any of the above policies?
(If so please state:)

Yes

No

4. OPPORTUNITY DETAILS (If you have more than one opportunity please continue on attached sheet)

Title of Opportunity: *e.g. Receptionist/Care Worker etc.* _____

Role Description/Duties:

How long do you require us to advertise this opportunity (*e.g. 6 months, 1 year etc.*)? _____

Required Skills & Experience:

Location of placement (*if this is different to the main address*)?

For *Driving Opportunities*, do volunteers need to use their own vehicle/insurance?

Yes

No

Is transport provided?

Yes

No

What support is offered to volunteers?

Social Events/Meetings

Peer Support

Mentoring/Buddying

One-to-One Supervision

Lone Working Policy

Induction

Minimum length of commitment from volunteer: _____

Welsh required?

Yes

No

Will volunteer work on their own?

Yes

No

Any other information? _____

Do volunteers have a named contact?

Yes

No

Are there any *types* of people that would be unsuitable for this position?

Yes

No

(*Details if relevant*):

Suitable for 16 - 25 year olds?

Yes

No

Minimum/Maximum age: _____ / _____

Opportunity age range:

16-17

18-25

Over 25

Are your buildings/work areas fully accessible?

Yes

No

Have the premises been assessed for fire risk?

Yes

No

5. TRAINING

Is training provided? If yes, please give details:

6. REFERENCES

CRB checks required? Yes No References required? Yes No
Any other information?

7. EXPENSES

Are expenses paid/refunded? Yes No
E.g. Care costs/clothing & equipment/food allowance/travel etc.
Please specify:

8. REFERRAL OF VOLUNTEER

How would you like us to refer potential volunteers to your organisation?

Telephone Application form Formal/Informal interview Letter
Other - please state:

9. OPPORTUNITY TIMES / AVAILABILITY

How many hours per week would you like the volunteer to give?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

I certify that the information provided on this form is correct and to the best of my knowledge.

Signed:

Dated:

Declaration

Thank you for completing this form. The information will be entered onto the centralised, All Wales Volunteering database. Details of your vacancies will appear on the Volunteering Wales website and will be publicised by various methods by Newport Volunteer Centre. If a volunteer shows an interest in your opportunity, we will try to contact you by phone to arrange an appointment or give your information to the volunteer to contact you directly. Please contact the volunteer as soon as possible and advise us of the outcome.

Please remember that GAVO does not vet volunteers in any way although we will do our best to match suitable volunteers with appropriate volunteering opportunities. It is up to your organisation to take up references and criminal record checks on volunteers.

Please send us any information you may have on your organisation and/or voluntary opportunity (leaflets, posters etc.) which will provide additional information for potential volunteers and help us to recruit volunteers for you.

GAVO has an Equal Opportunities Policy and endeavours to find suitable volunteering opportunities for everyone who seeks our help and will not recruit volunteers for any organisation which discriminates against volunteers on the grounds of race, colour, nationality, ethnic or national origin, age, sex, disability (where access is not an issue), gender preference, religion, class, political belief, or unrelated criminal conviction.

Data Protection

GAVO will store this information electronically in accordance with the **Data Protection Act** and will make information that is within the public domain available to interested parties by publication and distribution. If there is any information on this form that your organisation does not wish to be published or distributed, please give details.

I confirm that I have read and accepted the above declaration and data Protection statement.

Signed:

Dated:

Position:

Please return completed form to:

Gwent Association of Voluntary Organisations
Ty Derwen
Church Road
Newport
NP19 7EJ

Email: amele.tukandra@gavowales.org.uk

ADDITIONAL OPPORTUNITIES...

Name of Organisation:

Title of Volunteering Opportunity *e.g. Receptionist/Care Worker etc.* **Title:** _____

Role description/duties:

How long do you require us to advertise this opportunity? _____

Required skills & experience:

***Please provide any other information in addition to Question 4.**

I certify that the information provided on this form is correct to the best of my knowledge.

Signed:

Dated: