

Section 1 – Your Organisation			
Name of Organisation			Organisation No (VC use only)
Name of Project (if different from above)			
Address			
	Postcode		
Telephone Number		Fax Number	
E-mail		Website	
Main contact person			
Job Title			
Describe the aims of your organisation (max 50 words)			
Type of organisation Tick ONE box only	<input type="checkbox"/> Animals <input type="checkbox"/> Anti poverty work <input type="checkbox"/> Arts (music/drama/crafts) <input type="checkbox"/> Carers <input type="checkbox"/> Children <input type="checkbox"/> Crime/Safety <input type="checkbox"/> Disaster/Emergencies <input type="checkbox"/> Drugs/Alcohol issues <input type="checkbox"/> Education/Literacy <input type="checkbox"/> Environment <input type="checkbox"/> Ethnic Minorities <input type="checkbox"/> Families <input type="checkbox"/> Gender/Sexuality <input type="checkbox"/> Health/Hospital/Hospice <input type="checkbox"/> Homeless/Housing <input type="checkbox"/> Human/Civil/Rights/Justice	<input type="checkbox"/> Learning Disabilities <input type="checkbox"/> Men's Groups <input type="checkbox"/> Mental Health <input type="checkbox"/> Museums/Galleries/Heritage <input type="checkbox"/> Offenders/Ex-Offenders <input type="checkbox"/> Older People <input type="checkbox"/> Overseas Aid/Developing World <input type="checkbox"/> Physical Disabilities <input type="checkbox"/> Refugees/Asylum Seekers <input type="checkbox"/> Religion/Faith <input type="checkbox"/> Sensory Impairment <input type="checkbox"/> Sport/Outdoor activities <input type="checkbox"/> Tackling Unemployment <input type="checkbox"/> Women's Groups <input type="checkbox"/> Young People	



MV Award

Section 2 – Policies & Procedures

Does your organisation have :-	Yes	No
*Equal Opportunities Policy	<input type="checkbox"/>	<input type="checkbox"/>
*Health and Safety Policy	<input type="checkbox"/>	<input type="checkbox"/>
*Volunteer Policy	<input type="checkbox"/>	<input type="checkbox"/>
Child Protection Policy	<input type="checkbox"/>	<input type="checkbox"/>
*Public Liability Insurance	<input type="checkbox"/>	<input type="checkbox"/>

If you have ticked “No” on any option above please take the opportunity to highlight below why there is a need for the other policies to be implemented where applicable & where there are gaps.

--

Is your organisation registered with the Central Registered Body in Scotland (CRBS)?	<input type="checkbox"/>	<input type="checkbox"/>
<small>CRBS is the clearing-house for disclosures for volunteers working with children and vulnerable adults.</small>		

What training and support do you provide for volunteers:?	Yes	No
*Induction training	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing training	<input type="checkbox"/>	<input type="checkbox"/>
*Regular support sessions	<input type="checkbox"/>	<input type="checkbox"/>
*Named Supervisor/Line Manager	<input type="checkbox"/>	<input type="checkbox"/>
*Reimburse volunteer expenses	<input type="checkbox"/>	<input type="checkbox"/>
Reimburse childcare costs	<input type="checkbox"/>	<input type="checkbox"/>

Are your premises fully accessible?	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

Section 3 – Young Volunteers

Does your organisation currently involve young volunteers?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

If yes, how many?	<10 <input type="checkbox"/>	10-25 <input type="checkbox"/>	25-50 <input type="checkbox"/>	>50 <input type="checkbox"/>
-------------------	------------------------------	--------------------------------	--------------------------------	------------------------------

What is the minimum age at which you accept volunteers?		
Does this apply to all volunteer opportunities? (i.e. is the minimum age dependant on volunteer role?)	<input type="checkbox"/>	<input type="checkbox"/>

Please state why your organisation has set this age restriction

Signature _____
Date _____

