

Section 1 – Your Organisation & opportunity			
Organisation Name			Opp No (VC use only)
Title of opportunity			
Main contact for this opportunity			
Position/Job Title			
Telephone Number		E-mail	
Please give a summary of the opportunity (max 35 words)			
Which one of the following activities best matches the volunteer opportunity?			
<input type="checkbox"/> Administration/Office work <input type="checkbox"/> Advice/Information giving <input type="checkbox"/> Advocacy/Human Rights <input type="checkbox"/> Arts (music/drama/craft) <input type="checkbox"/> Befriending/Mentoring <input type="checkbox"/> Campaign/Lobbying <input type="checkbox"/> Care/Support worker <input type="checkbox"/> Catering <input type="checkbox"/> Charity shops/Retail <input type="checkbox"/> Community/Economic Development <input type="checkbox"/> Committee work <input type="checkbox"/> Computing <input type="checkbox"/> Conservation/Gardening <input type="checkbox"/> Counselling <input type="checkbox"/> Disaster/Emergency relief <input type="checkbox"/> Driving/Escorting <input type="checkbox"/> Equal Opps/Race relations <input type="checkbox"/> Finance accountancy		<input type="checkbox"/> Fundraising <input type="checkbox"/> Home-based volunteering <input type="checkbox"/> Justice/Legal assistance <input type="checkbox"/> Languages/Translating <input type="checkbox"/> Library/Information Management <input type="checkbox"/> Management/Business skills <input type="checkbox"/> Marketing/PR/Media <input type="checkbox"/> Online volunteering <input type="checkbox"/> Playschemes/Children's clubs <input type="checkbox"/> Practical/DIY <input type="checkbox"/> Research/Policy work <input type="checkbox"/> Residential volunteering <input type="checkbox"/> Short term/Seasonal <input type="checkbox"/> Specialist/technical <input type="checkbox"/> Sports/Outdoor activities <input type="checkbox"/> Tutoring/Supporting learners <input type="checkbox"/> Volunteering for under 16's <input type="checkbox"/> Youth Work	



MV Award

Which **one** of the following subjects/issues best matches the volunteer opportunity?

- | | |
|-----------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Learning Disabilities |
| <input type="checkbox"/> Anti poverty work | <input type="checkbox"/> Men's Groups |
| <input type="checkbox"/> Arts (music/drama/crafts) | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Carers | <input type="checkbox"/> Museums/Galleries/Heritage |
| <input type="checkbox"/> Children | <input type="checkbox"/> Offenders/Ex-Offenders |
| <input type="checkbox"/> Crime/Safety | <input type="checkbox"/> Older People |
| <input type="checkbox"/> Disaster/Emergencies | <input type="checkbox"/> Overseas Aid/Developing World |
| <input type="checkbox"/> Drugs/Alcohol issues | <input type="checkbox"/> Physical Disabilities |
| <input type="checkbox"/> Education/Literacy | <input type="checkbox"/> Refugees/Asylum Seekers |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Religion/Faith |
| <input type="checkbox"/> Ethnic Minorities | <input type="checkbox"/> Sensory Impairment |
| <input type="checkbox"/> Families | <input type="checkbox"/> Sport/Outdoor activities |
| <input type="checkbox"/> Gender/Sexuality | <input type="checkbox"/> Tackling Unemployment |
| <input type="checkbox"/> Health/Hospital/Hospice | <input type="checkbox"/> Women's Groups |
| <input type="checkbox"/> Homeless/Housing | <input type="checkbox"/> Young People |
| <input type="checkbox"/> Human/Civil/Rights/Justice | |

Section 2 – Volunteer criteria

Minimum age		Maximum age	
Restriction details			
No of young volunteers required			
Geographical area(s) covered			

Please tick when the opportunity happens. Tick as many boxes as appropriate

Monday	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>
Tuesday	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>
Wednesday	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>
Thursday	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>
Friday	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>
Saturday	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>
Sunday	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>

Are young volunteers covered by appropriate insurance?

Yes

No, but would like some information



MV Award

Section 3 – Training & Support

Does your organisation have :-

	Yes	No
Induction training	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing training	<input type="checkbox"/>	<input type="checkbox"/>
Support for volunteer	<input type="checkbox"/>	<input type="checkbox"/>
Named contact for volunteer	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair access	<input type="checkbox"/>	<input type="checkbox"/>
Disabled toilet access	<input type="checkbox"/>	<input type="checkbox"/>
Reimburse volunteer expenses	<input type="checkbox"/>	<input type="checkbox"/>

If expenses are reimbursed please confirm frequency

Daily Weekly Fortnightly Monthly Quarterly Annually

Please confirm your Organisations reason for registering this opportunity

- MV award scheme (for information only)
- Active recruitment of young volunteers via Volunteer Centre Borders

Signature _____

Date _____

