

Name			
Address			
		Postcode	
Tel.			
E-mail			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details:			
Ethnic Group:			
White-Other	<input type="checkbox"/>	White-Scottish	<input type="checkbox"/>
Asian-Pakistani	<input type="checkbox"/>	Asian-Bangladeshi	<input type="checkbox"/>
Black-Other	<input type="checkbox"/>	Asian-Other	<input type="checkbox"/>
		Mixed background	<input type="checkbox"/>
		White-Other British	<input type="checkbox"/>
		Asian-Chinese	<input type="checkbox"/>
		Black Caribbean	<input type="checkbox"/>
		Other	<input type="checkbox"/>
		White-Irish	<input type="checkbox"/>
		Asian-Indian	<input type="checkbox"/>
		Black African	<input type="checkbox"/>
School Name or Employment Status			

Organisation			
Volunteer Role		Date started	
Supervisor			
E-mail		Tel.	

Have you ever volunteered before? Are you including volunteering hours you have already done (i.e. before completing this form)? If yes, how many? _____ hours	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it OK for the Volunteer Centre to phone you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you want to receive e-mails from Volunteer Centre Borders? (new opportunities, news on volunteering)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please complete the following permission:

The Data Protection act places obligations on users of personal information and lays down principles for its use. Your personal details will not be given to anyone else unless it is necessary for us to do so, i.e. in order to comply with the law, or with police investigations. All information will be entered onto the Volunteer Centre database and will be used in accordance with the principles of the Data Protection Act 1998.

I agree my details can be passed to Volunteer Centre Borders to register for You-Vol Award

Yes **No**

Signature of Volunteer

All Volunteers to sign _____

Date _____

