

MV/GWIRVOL/WELSH BACC
REGISTRATION FORM

OFFICE USE ONLY

Reg no: _____

Surname: _____

Date: _____

Placed with: _____

Placement Start Date: _____

Registration Date: _____

SECTION 1: PERSONAL DETAILS

Surname: _____

Date of birth: _____

First name: _____

Telephone: _____

Address: _____

Mobile: _____

_____ Postcode _____

Email address: _____

(Please print email address as clearly as possible, especially underscores etc)

Please state which of these groups you think you belong to:

- | | | | | | |
|-------------|--------------------------|---------------|--------------------------|------------------------|--------------------------|
| White | <input type="checkbox"/> | Black/African | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Bangladeshi | <input type="checkbox"/> | Black/other | <input type="checkbox"/> | Black/Caribbean | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> | Other (please specify) | <input type="checkbox"/> |

Are you Welsh speaking? Yes No

Male Female

Do you consider yourself to be disabled? Yes No

(If yes, please specify)

Do you have any health problems? Yes No

(If yes, please specify)

SECTION 2: VOLUNTEERING INFORMATION

What do you hope to achieve for yourself through volunteering? *(e.g. work experience, meeting new people, experience to put on UCAS form etc)*

How do you plan to help others/your community? *(e.g. by offering your support, helping to clean up your local environment etc)*

Are you studying for the Welsh baccalaureate? Yes No

Are you currently volunteering? *(If yes please describe)*

Organisations referred to:

- | | |
|----|----|
| a) | d) |
| b) | e) |
| c) | f) |

Volunteering Category:

- | | | | |
|--|--------------------------|-----------------------|--------------------------|
| Advice and guidance | <input type="checkbox"/> | Animal welfare | <input type="checkbox"/> |
| Art/music | <input type="checkbox"/> | Community work | <input type="checkbox"/> |
| Conservation and environment | <input type="checkbox"/> | Crime prevention | <input type="checkbox"/> |
| Culture and heritage
(Museums, history, archaeology, customs etc..) | <input type="checkbox"/> | Education | <input type="checkbox"/> |
| Health and social welfare | <input type="checkbox"/> | Housing | <input type="checkbox"/> |
| Justice and human rights | <input type="checkbox"/> | Support | <input type="checkbox"/> |
| Sports | <input type="checkbox"/> | Working with children | <input type="checkbox"/> |
| Working with the elderly | <input type="checkbox"/> | Youth work | <input type="checkbox"/> |
| | | Other | <input type="checkbox"/> |

Start date (*actual start date*) _____

Number of backdated hours if currently volunteering: _____
(*You must detail these on the record of volunteering to validate the hours*)

I agree to my personal details (e.g. health/disability issues etc) being shared with volunteer referral agencies if relevant to the volunteering placement I undertake.

Please tick here if you do NOT agree to your personal details being shared

Signature of volunteer _____ **Date** _____

Name of interviewer _____

Signature of interviewer _____ **Date** _____

Data Protection Act 1998:

I understand that the information given will be entered and processed on computer by Wales Council for Voluntary Action (WCVA) and the forms will be retained. The information will be used by WCVA for the purposes of administering the grant scheme and for monitoring and promotion of the Millennium Volunteers Programme and the voluntary sector in Wales. Personal data is limited to contact names, position, address, telephone and other contact details. Only names and positions will be disclosed to third parties to announce successful projects and to promote the grant schemes generally via press releases and other bona fide promotional activities, including placement of the WCVA and MV web sites.

Please sign below to show that you agree to WCVA using your data in this way.

I agree to the above use of my data as included in this application.

.....

(Signed by the Millennium Volunteer) **Date**

Please print name below

Please tick here if you do not wish for your name or information to be used for promotional purposes