



Pembrokeshire Association of Voluntary Services

Registered Charity No. 1063289 Registered Co. No. 3343059

Volunteering Pembrokeshire Volunteer Registration Form

Office Use	<input type="checkbox"/>
Surname	_____
Reg No	_____
Date	_____

Volunteer Details	Today's Date _____
Name _____	Date of Birth _____
Address _____	

Post Code _____	Telephone _____
Mobile _____	Email _____
How did you hear about Volunteering Pembrokeshire?	
Education/Training Centre	Careers
Word of mouth	Job Centre
Library	Other (please state) _____

Volunteering Experience and Interests
Have you done any volunteering before? (If yes, please give details)

Do you have any work experience or skills that might be useful in your volunteering?

What are your skills and interests? Please tick all that apply.
<input type="checkbox"/> Animals <input type="checkbox"/> Charity Shops & Retail <input type="checkbox"/> Hospitals & Hospices <input type="checkbox"/> Practical & DIY
<input type="checkbox"/> Admin & Office Work <input type="checkbox"/> Fundraising <input type="checkbox"/> Languages <input type="checkbox"/> Youth Work
<input type="checkbox"/> Children & Families <input type="checkbox"/> Mental Health <input type="checkbox"/> Disabilities & Health <input type="checkbox"/> Elderly
<input type="checkbox"/> Advocacy <input type="checkbox"/> Homelessness & housing <input type="checkbox"/> Driving <input type="checkbox"/> Counselling
<input type="checkbox"/> Environment <input type="checkbox"/> Befriending <input type="checkbox"/> Community Work <input type="checkbox"/> Arts, Cultures & Heritage
<input type="checkbox"/> Computers & IT <input type="checkbox"/> Overseas Activities <input type="checkbox"/> Marketing & Media <input type="checkbox"/> Human & Civil Rights
<input type="checkbox"/> Woman's Groups <input type="checkbox"/> Sports & Leisure <input type="checkbox"/> Committee Work <input type="checkbox"/> Caring
<input type="checkbox"/> Education & Literacy <input type="checkbox"/> Drugs & Additions <input type="checkbox"/> Legal Work <input type="checkbox"/> Community Safety
<input type="checkbox"/> Teaching and Training <input type="checkbox"/> Race Ethnicity & Refugees <input type="checkbox"/> Prisoners & Ex-offenders <input type="checkbox"/> Employment
<input type="checkbox"/> Gender & Sexually <input type="checkbox"/> Campaigning & Lobbying <input type="checkbox"/> Other (please specify) _____

Volunteering Preferences

Do you prefer to volunteer in a group or on your own? Group / Own / Either (please circle)

How long will you be available for? (e.g. 6 months/term time only/): _____

Please tick the boxes to show when you will/won't be available.

I am available/I won't be available: *(delete as appropriate)*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Which districts are you prepared to work in? _____

What is your form of transport? (please circle) Public transport / own car / other

Voluntary Driving

Only fill in the following if you are interested in voluntary driving:

Do you hold a clean driving licence? Yes / No

Could you drive on a regular basis? Regular / Occasional

Could you use your own car in your voluntary work? Yes / No

Are you insured for voluntary driving? Yes / No

Monitoring *(completion is optional and all information is treated confidentially)*

Are you: Employed full time Employed part time Self employed
 Retired In receipt of disability benefit Unemployed
 Student Unwaged Income support
 Other (please state) _____

Are you: Male Female

Do you have a criminal record?: Yes No

Do you have a health problem / disability? Yes No

Are you currently receiving help or advice from: Health and Social Care Services
 Careers Wales West Jobcentre/DWP Other _____

Which ethnic category do you consider yourself to belong to?

I understand that I may be required to provide references and undergo a police check. I am also aware that Volunteering Pembrokeshire will store the information on this form electronically in accordance with their Data Protection Registration.

Signed _____

For more information contact: PAVS Volunteering Pembrokeshire, 36-38 High Street, Haverfordwest, Pembrokeshire, SA61 2DA
Tel: 01437 769422, Fax: 01437 769431, Email: volunteering@pavs.org.uk
Web sites: www.pavs.org.uk; www.volunteer-wales.net