# Group Volunteering



## Group Volunteering Registration Form

ng opportunities. To help us match you Please try to complete this form fully, ny questions then you can contact us. eering Kingston team will contact you to

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Group	-			portai ii				
Name of	Organis	ation:						
Name of	Contact	t Persor	า:					
Address:								
Post Cod	le:							
Position in Organisation:								
Telephon	e:							
Email:								
Best time	to cont	act:						
About	your 1	team						
How mar	ny peop	e will b	e volunt	eering?				
How mar	ny days	can you	ur team	dedicat	e to a vo	lunteer	project?	1
Which da	ites are	you ava	ailable t	o volunt	eer (dd/	mm/yy)î	?	
Which da	iys can	you vol	unteer?					
	Sat	Sun	Mon	Tue	Wed	Thu	Fri	
АМ								
РМ								
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	Sat	Sun	Mon	Tue	Wed	Thu	Fri
AM							
РМ							
EVE							

Are you looking for a one-off project or a project that you can continue to support?

One-off Continue to support

## Volunteering Opportunity

What has motivated your organisation to volunteer?

It's a fun activity
To provide staff with training opportunities
To provide staff with a team-building exercise
To give something back to our local community

To use our skills in a positive way to support another organisation

What sort of volunteering opportunity are you looking for? Please describe what type of volunteering activity you are looking for

What skills and qualifications do your team have?

Please describe relevant skills and qualifications that your team have to enable this to happen

#### **Budget**

Do you have a budget for the project?	YES NO
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How much is your budget? £

#### Policies and Insurance

Do you have a Volunteering Policy? YES NO (If yes, please attached a copy)

Do you have an Equal Opportunities Policy? YES NO

Do you have insurance that cover's your group

YES NO (If yes, please attached a copy)

to participate in volunteer activities?

Please return this form to enquiry@volunteeringkingston.org.uk