

Volunteering Opportunity

Organisation:

Name & Job Title:

Address:

E-mail:

Web:

Tel:

Fax:

VOLUNTEERING OPPORTUNITY

Your Client Group: _____

Details of Volunteering Opportunities: **Core Tasks**

- _____
- _____
- _____
- _____
- _____
- _____

Requirements of a Volunteer: **Core Tasks**

- _____
- _____
- _____

Relevant Skills

- _____
- _____
- _____

TIME COMMITMENT

In this section, please specify all the sessions / times you require volunteers.

DAY	A.M.	P.M.	DAY	A.M.	P.M.
Monday			Friday		
Tuesday			Saturday		
Wednesday			Sunday		
Thursday			Other (hols etc)		

What is the minimum time requirement you expect from a volunteer each week? _____

PROVISION FOR SPECIAL NEEDS GROUPS

In this section, please specify, providing as much info as possible, whether your organisation can meet the needs of a volunteer who has a physical or learning disability.

Are your premises accessible to wheelchair users? **Yes** **No**

Details _____

Can your Organisation provide appropriate support to volunteers who have a learning difficulty? **Yes** **No**

Details _____

RECRUITMENT PROCESS

Please give details of your Organisation's recruitment procedure for Brighton and Hove Volunteers, including whether it involves application form, interview, training, and whether the various stages are informal/formal, and also indicate an estimated timescale for recruitment. Please specify whether the BHV recruitment process could tie-in to your recruitment procedure

Are you happy for your volunteer opportunity to be used on our on-line database of opportunities? Young volunteers still have to come via BHV and we do will not publish any of your contact details. Yes No

Does your Organisation recruit volunteers;

throughout the year Specific times in the year

Details _____

Additional Info	