



Office Use Only	
Date Received	
ID No	

# Voluntary Action North Lincolnshire

41 Frances Street, Scunthorpe, North Lincolnshire, DN15 6NS  
Telephone: 01724 845155 Fax: 01724 281599  
Website: www.vanl.org

## Volunteer Centre



### PARTNER ORGANISATION REGISTRATION FORM

We are happy to help you complete this form, please contact the office and we will arrange this.

<b>NAME OF ORGANISATION</b>	
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Principle Contact Details
Name:
Job Title:
Address:
Post Code:
Tel No:
Fax No:
Mobile:
<b>Email:</b>
Best time to contact:

Second Contact
Name:
Job Title:
Address:
Post Code:
Tel No:
Fax No:
Mobile:
<b>Email:</b>
Best time to contact:

<b>Website Address</b>	
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**Directions** (please provide some brief details on finding your organisation, ie *next to* , *take... bus route* )

**ORGANISATION PURPOSE OR MISSION STATEMENT**

**The purpose of your organisation** (a brief statement describing the purpose of your organisation – *please keep this short and interesting..this may appear on the National Volunteering Database on the internet*)

**Activities of your organisation** (please provide us with the details of the main activities of your organisation – *please keep this short and interesting..this may appear on the National Volunteering Database on the internet*)

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Before completing the following questions, please note that we realise that not all of the following questions will apply to all types of volunteering, and that some organisations will not have, or need to have as many policies etc. in place as others. The questions are intended to help us create as full a picture as possible of your organisations volunteering opportunities in matching appropriate volunteers.

Please note that the Volunteer Centre Team is able to offer support to organizations interested in developing their service in terms of policies and procedures and good working practices. Please contact us for more information on this service.

1. Do you have any policies or procedures in place to minimize risk for vulnerable people?

CRB Checks		Child Protection Policy	
Vulnerable Adult Protection Policy			

Other (please specify)

2. Does your organisation work with people who may have challenging behaviours or conditions? Eg. People with serious mental health problems, substance mis-use issues (please describe)

3. What other organizational policies do you have in place? (please tick all that apply)

Equal Opportunities		Health & Safety	
Risk Assessment		Complaints Procedure	
Grievance & Disciplinary Procedure		Volunteering	

4. Do you re-imburse 'out of pocket' expenses incurred whilst volunteering? (tick all that apply)

Travel		Meals	
Care for dependants		Training	

5. Does your organisation offer volunteers an induction, and if so, what might this include?

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6. Do you provide support and supervision or mentoring for volunteers (if appropriate)?

Yes                       No

7. Do you offer volunteers the opportunity to attend relevant external training courses?

Yes                       No

8. Does your organisations insurance cover volunteers?

Yes                       No

*I agree to the details in this form being kept by VANL to aid effective volunteer recruitment and linking in accordance with data protection legislation.*

Name: \_\_\_\_\_ Job/Role Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

VANL also keeps contact details on voluntary and community groups on VOLBASE for the purpose of effective communication on issues affecting the voluntary and community sector. If you would also like to receive information we would be happy to include your group on VOLBASE.

*I agree to VANL keeping contact details on VOLBASE.*

Name: \_\_\_\_\_ Job/Role Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_