

VC USE ONLY: Date Received:

MV ID Number:

Vbay

Name		
Address		
	Postcode	
Tel.		
E-mail		

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth	
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please give details:				
Ethnic Group:				
<input type="checkbox"/> White-Scottish	<input type="checkbox"/> White-Other British	<input type="checkbox"/> White-Irish		
<input type="checkbox"/> White-Other	<input type="checkbox"/> Asian-Bangladeshi	<input type="checkbox"/> Asian-Chinese	<input type="checkbox"/> Asian-Indian	
<input type="checkbox"/> Asian-Pakistani	<input type="checkbox"/> Asian-Other	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Black African	
<input type="checkbox"/> Black-Other	<input type="checkbox"/> Mixed background	<input type="checkbox"/> Other		
Employment Status:				
<input type="checkbox"/> Self-employed	<input type="checkbox"/> Paid employment full-time	<input type="checkbox"/> Paid employment part-time		
<input type="checkbox"/> Full-time parent	<input type="checkbox"/> Job Seekers Allowance	<input type="checkbox"/> Income Support		
<input type="checkbox"/> School	<input type="checkbox"/> Further Education/Training	<input type="checkbox"/> Incapacity benefit/DLA		
<input type="checkbox"/> Carer	<input type="checkbox"/> Working holiday	<input type="checkbox"/> Unwaged and not in receipt of benefit		
<input type="checkbox"/> Other	<input type="checkbox"/> Asylum Seeker			

Organisation		
Volunteer Role	Date Started	
Supervisor		
E-mail	Tel.	

Have you ever volunteered before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you including volunteering hours you have already done (i.e. before completing this form)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many? _____ hours.	

Is it OK for the Volunteer Centre to phone you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to receive e-mails from Volunteer Centre Edinburgh? (new opportunities, news on volunteering)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please complete the following permission:	
I agree to my details being passed to Volunteer Centre Edinburgh for registration of the MV Award, please tick box and sign below	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signed _____
 Volunteer
 Date _____

