



Organisation Volunteer Request Form



Date of Request:

Name of Voluntary Organisation:.....

Contact Name:

Address:

.....

Telephone:

Fax:..... E-Mail:

Web Site Address:.....

Please give a brief description of your project (i.e. what and who your project exists for, where you operate from and any relevant background information):

Where will volunteers be situated: (i.e. city centre/earlsdon/hillfields)

Please list the Volunteer Opportunities you have and give a brief description of each. Are these opportunities suitable for: Staff? Students? or Both?

1)

2)

3)

Please continue on the back page if required

Volunteer Policy

How many volunteers do you currently have in your organisation?

Do you provide volunteers with:

An Induction	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Formal or Informal training	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Regular support sessions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Evaluation / feedback	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Social events	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Do you pay volunteers':

Travel expenses	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Meal allowances	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

(Please specify).

Do you have a Health & Safety Policy? Yes No

Do you have an Equal Opportunities & Diversity Policy or Statement Yes No

Will volunteers be covered by your organisation's Public Liability Insurance? Yes No

What is your Policy Number?

What is the maximum insured indemnity value?

Supervision

Who would be responsible for supervising volunteers placed within your organisation?

NAME.....

JOB TITLE.....

Disability

Are your voluntary placements adaptable to offer opportunities For volunteers with disabilities? Yes No

Do you have wheelchair access? Yes No

Are there any voluntary work tasks which could preclude a Volunteer with particular disability? Yes No

If yes please specify:

References

Does your organisation carry out reference checks? Yes No

Criminal Records Check

Would Volunteers Require a check through the Criminal Records Bureau?

Can you organise this check? Yes No

If no, we can organise this check for you. Please ask University volunteers to contact our office to arrange.

Any further comments:

Please include details of any one-off events/activities for which you would require voluntary help

DATA PROTECTION: I AUTHORISE THE ABOVE INFORMATION TO BE PASSED TO THIRD PARTIES IN CONJUNCTION WITH THIS ORGANISATION'S APPLICATION FOR VOLUNTEERS.

SIGNED **DATE**

If you have any questions regarding this application or Horizon Volunteering, please contact the Horizon Volunteering Office on (024) 7657 1210, e-mail: volunteering.su@coventry.ac.uk or Fax us on (024) 7657 1239.

You may also wish to contact our equivalent project at Warwick University to receive volunteers from there. They can be contacted on tel 02476 572763, email volunteers@warwick.ac.uk or see the website at www.warwick.ac.uk/volunteers
Please return the completed form to Horizon Volunteering, Coventry University Students' Union, Priory Street, Coventry, CV1 5FJ.