



MV Award Volunteer Registration Form R1

Surname Name (s) Address Contact Telephone E-mail Mobile		MV ID:
Male / Female (Delete as appropriate)		D.O.B. :

Employment Status		Ethnic Group	
Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Details of Disability		
Volunteered before	Yes	No	
Number of hours _____			
N.B. If you want to include some of these hours please discuss with the YDW & your supervisor and remember to submit a timesheet)			

Organisation	If you volunteer at more than one place please list them all below*		
Volunteer Role			
Date Started		Contact Supervisor	
		Telephone Number	

I agree to my details being held on Dundee Volunteer Centre's database and that only appropriate information will be shared with relevant agencies in accordance with the Data Protection Act (1998)

Please tick box and sign below Yes No

Signature: _____ **Date:** _____

For Official Use:
Date registration form received _____
Initial Approach: _____