



Volunteering North West (VNW) Membership Form

Organisation Name: _____

Are you hosted?: Yes / No If YES Org. Name: _____

If registered, Charity No.: _____ *Company Limited by Guarantee No.:* _____

Address: _____

Town: _____ County: _____ Postal Code: _____

Geographical Area Covered: _____

Tel.: _____ Fax: _____

Email: _____ Website: _____

Contact Details

First Name: _____ Surname: _____

Job Title: _____

Tel.: _____ Email: _____

Mission Statement: The purpose of your organisation or objectives (max. 50 words).

When are you open?
Times/Days:

| | Sat | Sun | Mon | Tue | Wed | Thurs | Fri |
|--------|-----|-----|-----|-----|-----|-------|-----|
| Open | | | | | | | |
| Closed | | | | | | | |

(Please complete boxes)

Do you run outreach services?: Yes / No If YES please provide details (incl. opening/closing times, venues etc.)

No. registered organisations (members): _____

No. volunteer opportunities/vacancies: _____ Are they uploaded to do-it.org?: Yes / No

No. volunteers recruited per year *(please provide approx. no.):* _____

No. staff involved in delivery of services: _____

Are volunteers involved in delivery of services?: Yes / No If YES how many?: _____

| What volunteering services do you offer? <i>(Please tick appropriate boxes and provide specific details)</i> | |
|--|---|
| Volunteer Brokerage <i>Details:</i> | Library of Best Practice Publications/Guides <i>Details:</i> |
| Training (accredited/un-accredited) <i>Details:</i> | Extra Support Needs Volunteering <i>Details:</i> |
| Database of Volunteering Opportunities <i>Details:</i> | Mentoring <i>Details:</i> |
| Website <i>Details:</i> | Youth Volunteering <i>Details:</i> |
| Bulletins/Newsletters <i>Details:</i> | BME/BRM <i>Details:</i> |
| Best Practice Publications <i>Details:</i> | Conferences/Promotional Events <i>Details:</i> |
| Volunteer Meetings/Forum <i>Details:</i> | Other Specific Events <i>Details:</i> |
| Volunteer Co-ordinator Meetings/Forums <i>Details:</i> | Do you provide other services not listed? <i>Details:</i> |
| Volunteer Certificates <i>Details:</i> | |

I confirm that the details are correct, and that I am happy for these details to be posted/used on the Volunteering North West (VNW) website: **www.volunteeringnorthwest.org.uk**

Name of Authorised Signatory

Authorised Signature

Date: _____

Please return this form to:

C/o Volunteer Centre West Lancashire

2 Church House, Park Road, Ormskirk, Lancashire L40 3AJ

Tel: **01695 580 880** Fax: **01695 581 888**

Email: **info@volunteeringnorthwest.org.uk** Web: **www.volunteeringnorthwest.org.uk**

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