

Name of LCP

Gwent Association of Voluntary
Organisations (GAVO)

Start Form

GWIRFODDOLWYR Y MILENIWM



Reg no DC20

WCVA file ref.

Location

MILLENNIUM VOLUNTEERS

Newport

please print all details clearly

MV personal details

1. Surname

2. First name

3. Address

Postcode:

4. Telephone:

email address:

5. Date of birth

6. Please state which of these groups you think you belong to:

White ☐ Black/African ☐ Chinese ☐

Bangladeshi ☐ Black/other ☐

Indian ☐ Pakistani ☐

Black/Caribbean ☐ Other (please specify) ☐

7. Are you Welsh speaking? Yes ☐ No ☐

8. Male ☐ Female ☐

9. Do you consider yourself to be disabled? Yes ☐ No ☐
(If yes, please specify)

10. Do you have any health problems? Yes ☐ No ☐
(If yes, please specify)

11. Are you (please tick)

Employed ☐ In school ☐

Unemployed and seeking work ☐ In further education ☐

Unemployed and not seeking work ☐ In higher education ☐

Government training programme ☐ In other training ☐

Start Form

12. Are you currently volunteering?

If yes, please describe.

13. Do you have any qualifications?

If yes, please list.

14. Referred to: *(List organisations)*

a)

b)

c)

15. Which Organisation has the volunteer been placed with?

16. What will the volunteer be doing?

Advice and guidance	<input type="checkbox"/>	Animal welfare	<input type="checkbox"/>
Art/music	<input type="checkbox"/>	Community work	<input type="checkbox"/>
Conservation and environment	<input type="checkbox"/>	Crime prevention	<input type="checkbox"/>
Culture and heritage	<input type="checkbox"/>	Education	<input type="checkbox"/>
(Museums, history, archaeology, customs etc..)		Housing	
Health and social welfare	<input type="checkbox"/>	Support	<input type="checkbox"/>
Justice and human rights	<input type="checkbox"/>	Working with children	<input type="checkbox"/>
Sports	<input type="checkbox"/>	Youth work	<input type="checkbox"/>
Working with the elderly	<input type="checkbox"/>		

17. Start date *(actual start date)*_____

18. Number of backdated hours if currently volunteering:_____

(You must detail these on the record of volunteering to validate the hours)

Start Form

Time Available for your Volunteering – Please Tick

	MON	TUES	WED	THURS	FRI	SAT	SUN
AM							
PM							
EVE							

Name of interviewer _____

Signature of interviewer _____ Date _____

Tel. No. _____

Data Protection Act 1998:

I understand that the information given will be entered and processed on computer by Wales Council for Voluntary Action (WCVA) and the forms will be retained. The information will be used by WCVA for the purposes of administering the grant scheme and for monitoring and promotion of the Millennium Volunteers Programme and the voluntary sector in Wales. Personal data is limited to contact names, position, address, telephone and other contact details. Only names and positions will be disclosed to third parties to announce successful projects and to promote the grant schemes generally via press releases and other bona fide promotional activities, including placement of the WCVA and MV web sites.

Please sign below to show that you agree to WCVA using your data in this way.

I agree to the above use of my data as included in this application.

.....

.....

(to be signed by the Millennium Volunteer)

date

Please print name

☐ Please tick here if you do not wish for your name or information to be used for promotional purposes.

Please return to:

**Clare Jones
GAVO Volunteer Centre
Ty Derwen
Church Road
Newport
NP19 7EJ**