



Opportunity Form

Role Title

Area of Work

Opportunity Host Organisation

Host Contact Name

Role Cause/Theme

Location of Role

Expected Time Commitment

Expected Weekly Commitment

Role/Training Start Date

Age Range of Volunteers

Awards & Recognition

Restrictions

Your Insurance Cover

Will your insurance cover any liability incurred by a volunteer as a result of the duties?

Yes

No

Any health and safety issues which may have a bearing on the choice of volunteer?

Yes

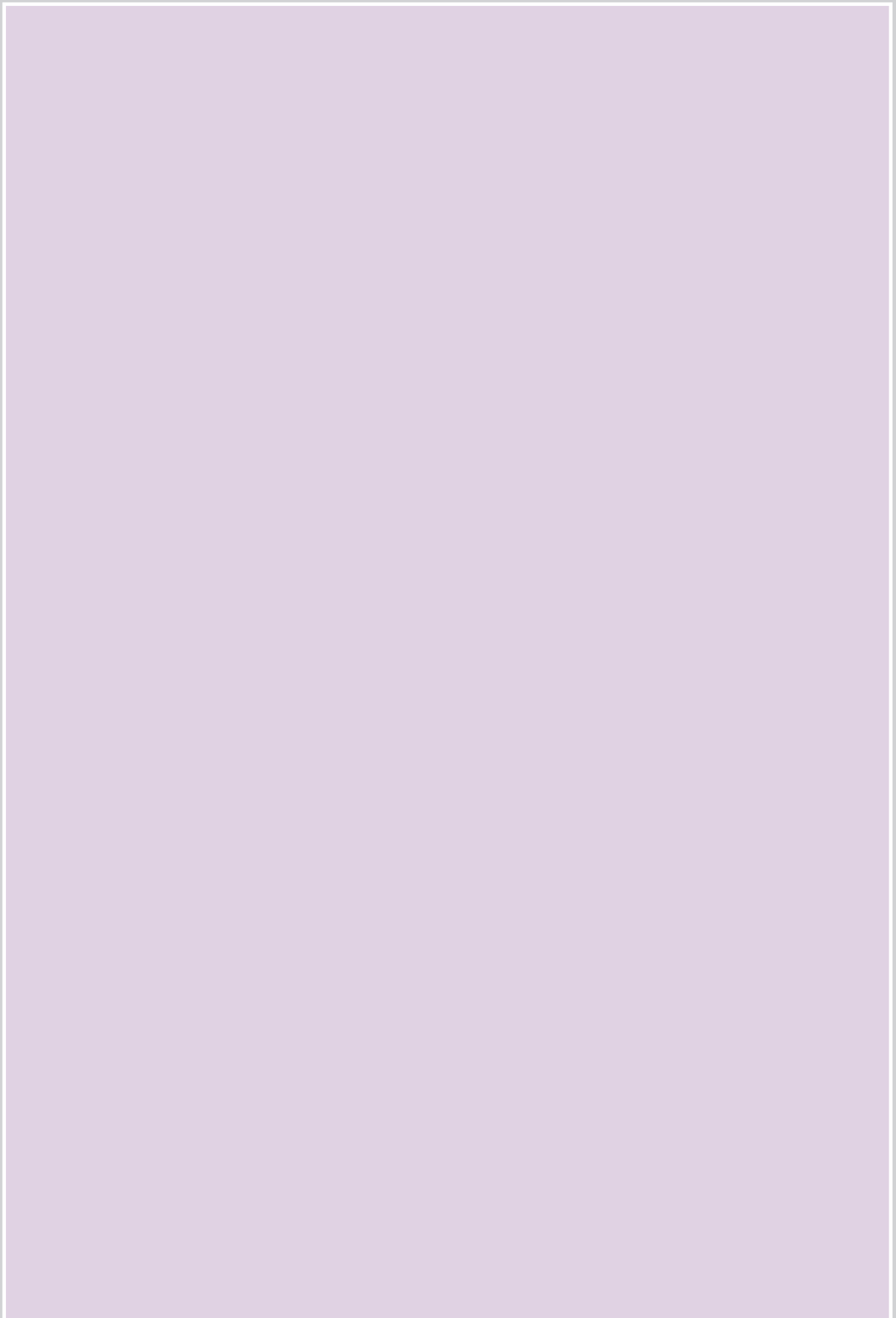
No

Will the volunteer work with vulnerable people (under 18s or vulnerable adults)?

Yes

No

Key information about your role



Your Volunteer Recruitment Process

Organisation specific application form to be completed

Yes No

PVG Check Yes No

Standard Disclosure Yes No

Formal Interview Yes No

Informal Interview Yes No

References Yes No

Your Volunteer Support

Named Contact Yes

Induction Yes

Volunteer Handbook Yes

Ongoing Training Yes

Supervision Sessions Yes

Childcare Expenses Paid Yes

Childcare Offered On Site Yes

Subsistence Offered Yes

Travel Expenses Paid Yes

Registered for Chartermark Yes

For more information about this form and other assistance, please contact the team on 0141 941 0886 or info@wdcvs.com

