



Welwyn Hatfield Community & Voluntary Service
Bill Salmon Centre, 88 Town Centre, Hatfield, Herts AL10 0JW
Telephone No: 01707 274861 Fax: 01707 258845 www.whevs.org.uk www.do-it.org.uk

Registration Form for Organisations

Data Protection:

- At no time will we provide any of your details to a third party without your permission.
- In order to keep you up to date with information we may include you in our mailing list.
- We will never sell or give our mailing lists to a third party.

This form is used to register your organisation details. You will need to complete a **separate opportunity registration form** for each of your voluntary vacancies. If a new voluntary opportunity arises at a later date, we will only need the vacancy form completed.

IMPORTANT:

Please include email and web details if you have them.
We would like to develop our website to include links to yours.

Please keep us up to date with any changes in this information.

Name of Organisation:.....

Address:.....

.....

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Postcode:.....

Geographical area: (where you are based).....

Main telephone:.....

Fax:.....

Email:.....

Website:.....

Please provide details of the person who will liaise with us (Volunteer Co-ordinator)

Title:.....

First name:..... **Surname:**.....
(Please provide an address for the contact if different from the organisation)

Address:.....

.....

Postcode:.....

Telephone:.....

Fax:.....

Email:.....

Directions:

Organisation Purpose or Mission Statement

Please provide us with some details of the purpose of your organisation or alternatively provide a copy of your Mission Statement. *Please keep it short and interesting!*

Activities of your organisation

Please provide us with details of the main activities of your organisation. Please summarise what you do for someone who may know nothing about your organisation.

DISCLAIMER – PLEASE SIGN

My organisation understands that the Volunteer Bureau does not screen or vet any volunteer who comes through them, and that it is the responsibility of individual organisations to operate appropriate selection and supervision procedures, in line with recommended good practices in the management of volunteers.

Signed..... **Date**.....

On behalf of (Organisation name).....