

Surname Other Names Address Contact telephone e-mail	Date	MV ID Number
	Post Code	

D.O.B		Volunteered before Yes/No Including retrospective hours Yes/No Hours to date achieved by volunteer: hours
Disability Yes/No	Details of Disability	
Employment Status		Ethnic Group

Organization			
Volunteer Role			
Date Started		Contact Supervisor	
		Telephone Number	

ORANISATION ONLY

Please complete the following permission:

I agree to my details being passed to Inverness Volunteer Centre for registration of the MV Award , please tick box and sign below Yes/No

VOLUNTEER CENTRE ONLY

Date registration form received from organisation _____

If young person volunteers at more than one organisation please tick box

And complete form 2

Signature of Volunteer _____ Date _____
(All Volunteers to sign)