



## Organisation Details Form R2

### Organisation Details

Name \_\_\_\_\_  
Department \_\_\_\_\_  
Acronym \_\_\_\_\_  
Aims/Priorities \_\_\_\_\_  
Sector \_\_\_\_\_

### Policies

Registered with Volunteer Scotland	• Yes <input type="checkbox"/>	No <input type="checkbox"/>
MV Registered	• Yes <input type="checkbox"/>	No <input type="checkbox"/>
CRBS Registered	• Yes <input type="checkbox"/>	No <input type="checkbox"/>
Equal opportunities	• Yes <input type="checkbox"/>	No <input type="checkbox"/>
Health & Safety	• Yes <input type="checkbox"/>	No <input type="checkbox"/>
Volunteer Policy	• Yes <input type="checkbox"/>	No <input type="checkbox"/>
Child Protection Policy	• Yes <input type="checkbox"/>	No <input type="checkbox"/>
Public Liability Insurance	• Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Organisation Address

Address Line 1 • \_\_\_\_\_  
Address Line 2 • \_\_\_\_\_  
Address Line 3 • \_\_\_\_\_  
Town / City • \_\_\_\_\_  
County • \_\_\_\_\_  
Country • \_\_\_\_\_  
Postcode • \_\_\_\_\_

# MV Award



## Contact Details

Work Telephone • \_\_\_\_\_  
Mobile Telephone • \_\_\_\_\_  
Fax Number • \_\_\_\_\_  
E-mail Address • \_\_\_\_\_  
Website • \_\_\_\_\_  
Contact by phone • Yes  No

## Employee Details

First Name • \_\_\_\_\_  
Surname • \_\_\_\_\_  
Position • \_\_\_\_\_  
Phone • \_\_\_\_\_  
E-Mail • \_\_\_\_\_  
Comments \_\_\_\_\_  
Groupings • \_\_\_\_\_  
Client Groups \_\_\_\_\_

## Funding

Funding Bodies • \_\_\_\_\_  
Income • \_\_\_\_\_  
• \_\_\_\_\_  
Geographical Area Covered • \_\_\_\_\_

# MV Award



## Involving Volunteers

Why involve Volunteers?

Methods of recruiting

•

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How did you hear about the VC Network?

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•

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## Options

Volunteer Insurance

• Yes  No

Enter opinions on-line

• Yes  No

Publicity materials

• Yes  No

Available in brail/audio

• Yes  No

Receive newsletter

• Yes  No

Add to mailing list

• Yes  No

Member of Volunteer Centre

• Yes  No

## Notes