

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

D.O.B	Volunteered before	Yes	No
	Including retrospective hours	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Hours to date achieved by volunteer	_____	hours
Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Details of Disability		
Employment Status		Ethnic Group	

Organization			
Volunteer Role			
Date Started		Contact Supervisor	
		Telephone Number	

<b>ORGANISATION ONLY</b>
Please complete the following permission:
I agree to my details being passed to Volunteer Action D&G for registration of the MV Award , please tick box and sign below <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>VOLUNTEER CENTRE ONLY</b>
Date registration form received from organization _____
If young person volunteers at more than one organization please tick box <input type="checkbox"/>
And complete form 2

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