



Corporate Opportunity Registration Form



Opportunity Title:

Organisation Name:

Organisation Address

When Required:

Telephone Number

E-mail address

Tel:

E-mail:

What do you do? (some information about your organisation, group or charity)

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How many volunteers do you need?

Opportunity Description

Skills and Qualifications needed

Opportunity Checklist:

Do you have an Equal Opportunities Policy?	Yes / No
Are you willing to take part in media coverage?	Yes / No
Are volunteers covered by your insurance policy?	Yes / No
Are you able to oversee and support the volunteers at all times?	Yes / No

Please return this form completed to
help4groups@fvaf.org.uk

