



Centre for Voluntary Service in Three Rivers

Membership Form April 2009- March 2010

Basing House, 46 High Street, Rickmansworth, WD3 1HP Tel 01923 711 174
Registered Charity Number 1094111 Company Number 4408051

Please tell us the details about your organisation or group for our database.

1. Name

Give the preferred name of your organisation or group.

Secondary name if commonly known by an abbreviation or other name.

2. Main Contact

Please give the main contact we should use when corresponding with your organisation or group. Note that you need not fill in your group's contact details below if they are confidential. If you do not provide a public address, please make sure you fill in the 'Contacts' section and include the main contact's address details there for our purposes only.

3. Public Details

Supply only the information you wish to be public, leaving blank confidential information.

Address .		Tel	
		Fax	
Town .		Minicom	
County		Email	
Postcode .		Website	
		Other numbers	

4. Description

This text can appear in directories or websites subject to the data protection permissions you give.

Please provide a full description (limited to 150 words) by including as appropriate: what the group's core purpose is, to whom do you provide services, what services or activities do you provide, where do you provide them and finally, when, giving details of any regular meetings. Include key words and phrases which will help database search engines find your group details.

Hint: if you already have a useful description in a leaflet, you could highlight and send that. Tick here if leaflet attached.

5. Contacts for your Organisation



Please supply/amend the details of contacts that we should hold for your organisation. Information you provide here is for our purposes only, to assist in communicating with the relevant persons at your organisation and delivering our services more effectively. These contact details can be different from the organisation's Public Details you have provided. It is important that you provide the contact details of your main contact here, if you have left the public address and contact fields blank for reasons of confidentiality. Use plain paper if you want to provide more than three contacts

A Name Position

Mail address and personal contact details for this person

Address <input type="text"/>	Day Time Tel <input type="text"/>
Town <input type="text"/>	Evening Tel <input type="text"/>
County <input type="text"/>	Mobile <input type="text"/>
Postcode <input type="text"/>	Other numbers <input type="text"/>

Is this a home address? Yes No

Email

B Name Position

Mail address and personal contact details for this person

Address <input type="text"/>	Day Time Tel <input type="text"/>
Town <input type="text"/>	Evening Tel <input type="text"/>
County <input type="text"/>	Mobile <input type="text"/>
Postcode <input type="text"/>	Other numbers <input type="text"/>

Is this a home address? Yes No

Email

C Name Position

Mail address and personal contact details for this person

Address <input type="text"/>	Day Time Tel <input type="text"/>
Town <input type="text"/>	Evening Tel <input type="text"/>
County <input type="text"/>	Mobile <input type="text"/>
Postcode <input type="text"/>	Other numbers <input type="text"/>

Is this a home address? Yes No

Email

6. Hertfordshire Mapping Questionnaire

Please fill in the following sections as best as you can. This questionnaire helps us deliver appropriate and targeted information to your organisation, and helps us represent the voluntary and community sector.

A. Geographical Area of Service

Please indicate at which geographical level you operate

Geographic Level

- | | | |
|---|---|---|
| <input type="checkbox"/> National | <input type="checkbox"/> Countywide (Other) | <input type="checkbox"/> Town / Neighbourhood |
| <input type="checkbox"/> Countywide (Hertfordshire) | <input type="checkbox"/> District | |

If you have ticked 'Countywide (Other)' above, specify the county:

If you have ticked 'District' above, please specify the districts:

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Broxbourne | <input type="checkbox"/> North Herts | <input type="checkbox"/> Watford |
| <input type="checkbox"/> Dacorum | <input type="checkbox"/> St Albans & District | <input type="checkbox"/> Welwyn & Hatfield |
| <input type="checkbox"/> East Herts | <input type="checkbox"/> Stevenage | |
| <input type="checkbox"/> Hertsmere | <input type="checkbox"/> Three Rivers | |

If you operate in the Three Rivers district at the town/neighbourhood level, please select which below

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Abbots Langley | <input type="checkbox"/> Mill End | <input type="checkbox"/> South Oxhey |
| <input type="checkbox"/> Chorleywood | <input type="checkbox"/> Northwood | <input type="checkbox"/> Other |
| <input type="checkbox"/> Croxley Green | <input type="checkbox"/> Rickmansworth | |
| <input type="checkbox"/> Maple Cross | <input type="checkbox"/> Sarratt | |

If you have ticked 'Other' town or neighbourhood, specify here:

B. Focus

Please tick up to three categories which represent the main focus or beneficiaries of your organisation

- | | | |
|---|---|--|
| <input type="checkbox"/> Addiction & substance abuse | <input type="checkbox"/> Education, Training & Skills | <input type="checkbox"/> Museums & Heritage |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Elderly & Older People | <input type="checkbox"/> Philanthropy |
| <input type="checkbox"/> Armed Services | <input type="checkbox"/> Employment / Unemployment | <input type="checkbox"/> Politics / Political Groups |
| <input type="checkbox"/> Arts/Music/Culture | <input type="checkbox"/> Environment, Conservation & Regeneration | <input type="checkbox"/> Poverty relief |
| <input type="checkbox"/> Black & Minority Ethnic Groups | <input type="checkbox"/> Families & family support | <input type="checkbox"/> Prisoners & Ex-offenders |
| <input type="checkbox"/> Carers | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Refugees / Asylum seekers |
| <input type="checkbox"/> Children | <input type="checkbox"/> Gender issues & sexuality | <input type="checkbox"/> Religion & Faith |
| <input type="checkbox"/> Community Action & Development | <input type="checkbox"/> Health & Medical Conditions | <input type="checkbox"/> Sports & Outdoor pursuits |
| <input type="checkbox"/> Crime prevention / Safety | <input type="checkbox"/> Housing & Homelessness | <input type="checkbox"/> Self Help/Support |
| <input type="checkbox"/> Disability – Learning Difficulties | <input type="checkbox"/> International development | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Disability – Physical/Sensory | <input type="checkbox"/> Isolation & Social exclusion | <input type="checkbox"/> VCS Support & Development |
| <input type="checkbox"/> Disability – Mental Health | <input type="checkbox"/> Legal rights & Justice | <input type="checkbox"/> Women & Women's issues |
| <input type="checkbox"/> Disaster Relief / Aid | <input type="checkbox"/> Leisure & Social activities | <input type="checkbox"/> Youth (13+) |
| <input type="checkbox"/> Domestic Violence / Abuse | <input type="checkbox"/> Men & Men's issues | <input type="checkbox"/> Other |

If you have ticked 'Other' above, please specify here:

C. Services

Please tick all services or activities that your organisation provides to users or public

- | | | |
|---|---|--|
| <input type="checkbox"/> Advice & Information | <input type="checkbox"/> Environment, Conservation & Regeneration | <input type="checkbox"/> Playscheme / Childcare |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Equipment hire/loan | <input type="checkbox"/> Recycled / Donated goods |
| <input type="checkbox"/> Animal care / shelter | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Research |
| <input type="checkbox"/> Arts/Music/Culture | <input type="checkbox"/> Fundraising (for others) | <input type="checkbox"/> Speakers or Trainers |
| <input type="checkbox"/> Befriending or Support | <input type="checkbox"/> Grantmaking (to others) | <input type="checkbox"/> Sports & Outdoor Pursuits |
| <input type="checkbox"/> Campaigning | <input type="checkbox"/> Healthcare (inc Hospices) | <input type="checkbox"/> Training & Education |
| <input type="checkbox"/> Charity shops | <input type="checkbox"/> Housing & Accommodation | <input type="checkbox"/> Translation or Interpretation |
| <input type="checkbox"/> Conservation/Construction | <input type="checkbox"/> ICT Support & services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Counselling / Mediation | <input type="checkbox"/> Leisure / Social club | <input type="checkbox"/> Venues / Halls for hire |
| <input type="checkbox"/> Daycare / Day Centre / Respite | <input type="checkbox"/> Office Services | <input type="checkbox"/> Volunteers (providers of) |
| <input type="checkbox"/> Domestic help / Gardening | | <input type="checkbox"/> Other |

If you have ticked 'Other' above, please specify here:

D. Structure

If your organisation is a branch, service or project provided by a parent organisation, please enter the name of the parent organisation

Please select the most appropriate sector for your organisation

- | | | |
|--|--|---|
| <input type="radio"/> Voluntary and Community Sector | <input type="radio"/> Government-Central | <input type="radio"/> Commercial |
| <input type="radio"/> Government-Parish Council | <input type="radio"/> Government Agency/QUANGO | <input type="radio"/> Individual |
| <input type="radio"/> Government-District Council | <input type="radio"/> Health Providers | <input type="radio"/> Self Help and Support |
| <input type="radio"/> Government-County Council | <input type="radio"/> Education Establishment | <input type="radio"/> Social Enterprise |
| <input type="radio"/> Government-Regional | <input type="radio"/> Police/Law Enforcement | <input type="radio"/> Other |

If you have ticked 'Other' above, please specify here:

Are you a registered charity?

- Yes No

If yes, please provide your registration number here:

Are you a company?

- Yes No

If yes, please provide your company registration number here:

What form of governing document(s) does your organisation/group have?

- | | |
|---|---|
| <input type="checkbox"/> Constitution | <input type="checkbox"/> Trust Deed |
| <input type="checkbox"/> Set of Rules | <input type="checkbox"/> Equal Opportunities Policy |
| <input type="checkbox"/> Memorandum and Articles of Association | <input type="checkbox"/> Other |

If you have ticked 'Other' above, please specify here:

If led by a specific ethnic community please specify which here:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Afghan | <input type="checkbox"/> Chinese | <input type="checkbox"/> Kashmiri |
| <input type="checkbox"/> African | <input type="checkbox"/> Eastern European | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> African Caribbean | <input type="checkbox"/> Greek | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Indian | <input type="checkbox"/> Travellers |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Irish | <input type="checkbox"/> Other |
| <input type="checkbox"/> Black British | <input type="checkbox"/> Italian | |

If you have ticked 'Other' above, please specify here:

E. Resources

This information helps us better understand the needs of and resources available to the voluntary sector

Please indicate where your organisation gets its MAIN or significant sources of funding from

- | | | |
|--|--|--|
| <input type="checkbox"/> District Council | <input type="checkbox"/> Grants (i.e. Lottery, Trusts) | <input type="checkbox"/> Sales / income generation |
| <input type="checkbox"/> County Council | <input type="checkbox"/> Donations | <input type="checkbox"/> Sponsorship |
| <input type="checkbox"/> Regional / Central Govt | <input type="checkbox"/> Fundraising activities | <input type="checkbox"/> Unfunded |
| <input type="checkbox"/> European Programmes | <input type="checkbox"/> Membership fees | <input type="checkbox"/> Other |
| <input type="checkbox"/> Contracts / Service Agreement | <input type="checkbox"/> Parent Organisation | |

If you have ticked 'Other' above, please specify here:

Please indicate your organisation's approx annual income

- | | | |
|---|--|---|
| <input type="checkbox"/> Under £1,000 | <input type="checkbox"/> £5,000 - £25,000 | <input type="checkbox"/> £50,000 - £100,000 |
| <input type="checkbox"/> £1000 - £5,000 | <input type="checkbox"/> £25,000 - £50,000 | <input type="checkbox"/> Over £100,000 |

How many paid full-time staff does your organisation employ?

How many paid part-time staff does your organisation employ?

How many Volunteers are involved with your organisation?

How many Management Committee members do you have?

7. Data Protection

We offer a range of services to benefit local voluntary organisations and community groups. Some of our services might involve providing organisational details given above (and any permitted personal names given in the Contacts section) to third parties. This is usually the public or people from other agencies who contact us for information, use any printed directories we produce or visit our website. We will provide these services to you unless you tell us that you DO NOT require them. If you DO NOT require us to provide some or all these services please tick the relevant boxes below.

- Tick if you DO NOT PERMIT us to provide the information to the public.
- Tick if you DO NOT PERMIT us to publish the information in directories for use by the public.
- Tick if you DO NOT PERMIT us to publish the information on the internet as part of a web site accessible to any internet user.
- Tick if you DO NOT PERMIT us to share public details with other agencies for uses that support our aims.



8. Declaration *This form should be signed by the lead contact for the organisation or group.*

I declare that I have checked the information given is correct and authorise you to hold this information on your database and use it in ways which are in line with your aims, and in the ways indicated by the data protection options.

*If you would like an additional mailing contact, please provide the name(s) here and include full details in section 5

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First year of membership is free

Membership fee: £10

*We would appreciate an extra £3 for each additional mailing contact.

I enclose a cheque for £_____ , made payable to CVS in Three Rivers.

Signed

Name

Date

Thank you for taking the time to complete this questionnaire

Please return to:

CVS, Basing House, 46 High Street, Rickmansworth, WD3 1HP