 **VOLUNTEER APPLICATION FORM**

Any person whose work involves having substantial access to vulnerable people is subject to a DBS of any previous criminal convictions (Home Office Circular 86(44))

**PLEASE FILL APPLICATION OUT IN BLACK INK AND BLOCK CAPITALS AND EMAIL/POST TO:**

amanda.harris@mindinmidherts gail.knight@mindinmidherts.org.uk

Amanda Harris – Volunteer Coordinator Gail Knight – Volunteer Coordinator

Mind in Mid Herts Mind in Mid Herts

11 Hatfield Road, St Albans AL1 3RR 13 Town Square, Stevenage SG1 1BP

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal details** | | | | | | | |
| Title: Mr/Mrs/Miss/Ms: | | | | Surname: | | | |
| First name: | | | | Are you over the age of 16? YES/NO  (Delete as appropriate) | | | |
| Address:  Postcode: | | | | Home telephone:  Mobile:  Email: | | | |
|  | | | |  | | | |
| **Area of interest:** | | | | | | | |
| Volunteering role title: | | | | Do you have any previous volunteer experience and, if so, who with? | | | |
| What attracted you to volunteer with MindInMidHerts? | | | | Do you have a particular skill or experience you feel is useful to this volunteering role? | | | |
| We have a number of different volunteering opportunities across the week; please let us know your availability: | | | | | | | |
|  | Monday | Tuesday | Wednesday | | Thursday | Friday | Saturday |
| Morning |  |  |  | |  |  |  |
| Afternoon |  |  |  | |  |  |  |
| Evening |  |  |  | |  |  |  |

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| **References:**  Please provide details of two referees (eg, doctor, employer, vicar, teacher etc – no relatives, neighbours or friends).  We cannot make a firm arrangement without written references. If you are known by another name (eg, maiden name), please inform the referee(s) that we will contact them.  May we approach the referees now? YES/NO | |
| Name of referee 1: | Address: |
| Occupation/relationship to you: | Email: |
| Telephone: | Mobile: |
| Name of referee 2: | Address: |
| Occupation/relationship to you: | Email: |
| Telephone: | Mobile: |



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| **Education, qualifications and training:** | | | | |
| School/organisation | Dates | Course | Qualification | Grade achieved |
|  |  |  |  |  |

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| **Current occupation/education/work experience (please delete as appropriate):** | | |
| Organisation | Start/finish dates | Post held/qualification/duties |
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| **Additional information:** | | |
| **Health:** | | |
| A disability or health problem does not preclude full consideration for the work/volunteering opportunity and applications from suitable disabled people are welcome. All information provided by the applicant will be treated as confidential. Do you have a medical condition/health problem/disability/special requirement which is relevant to your application? If YES, give brief details: | | |
| **Emergency contact:** | | |
| Please give details of an emergency contact: | | |
| Name: | Relationship: | Mobile: |

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| --- | --- |
| **Declaration of criminal record:** | |
| Please give details of any criminal convictions, cautions or bind over orders on a separate sheet, place in a sealed envelope marked Private and Confidential and attach to this form. This position is exempt from the provisions of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986 and therefore you are required to disclose your criminal background. This does not automatically exclude you from being considered as a volunteer for the charity.  **All volunteers who will have potential regular contact with vulnerable people will be required to have a DBS check.** | |
| Do you have any unspent criminal convictions? | YES/NO |

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| **Declaration:** | |
| I certify that the information given above is, to the best of my knowledge, correct. I accept that any information contained therein that I know to be false, or information deliberately withheld, may result in my application being disqualified. I understand that I must not disclose any information or knowledge gained whilst working as a volunteer, except to the nominated Mind in Mid Herts staff member in the case of concerns about a client, or to their keyworker in their absence. The data contained in this form will be used for Volunteer Registration purposes and will be held on our computer database. We will not pass your information on to any other party. | |
| **Signed:** | **Date:** |



**For office use only**

Received \_\_\_\_\_\_\_\_

Processed \_\_\_\_\_\_\_

ID No \_\_\_\_\_\_\_\_\_\_

**New Data Protection Legislation**

The new General Data Protection Regulation (GDPR) came into effect on 25th May 2018 and we want to let you know how it affects how we protect your personal information and your rights.

**Our commitment to you**

* We value the contribution our volunteers make to Mind in Mid Herts and will always respect your personal information and privacy.
* All information which is shared is confidential, subject to the following conditions:
  + All staff working at Mind in Mid Herts are required to have supervision for ongoing professional development. Individual cases and information might be discussed as part of this process, but anonymity will be protected at all times.
  + Project Officers have access to files to monitor and report on the services.
  + Staff and volunteers are not permitted to keep secrets. They are bound by a duty of care to share any information which might give any cause for concern.

**Your Rights**

To comply with the new regulation we have procedures and technologies in place so that by making a written request you can exercise your:

* Right to be informed about how we collect and use your information.
* Right of access: We have an ‘open file’ process which enables you to access all your records whenever you wish.
* Right to rectification and data quality: We will ensure that the personal data we hold remains up-to-date and accurate.
* Right to erasure: We have processes in place to securely dispose of personal data that is no longer required, or where you have asked for it to be erased. However, please note that Mind in Mid Herts is subject to laws governing retention periods.
* Right to object to the use of your personal data: We will not use your data for direct marketing without your positive consent. You also have the right to restrict our processing of your data while we address any objection you raise.
* Right to data portability: We will provide your data to a new or additional service provider if you so wish.

**How would you like to hear from us?**

As a valued volunteer of Mid in Mid Herts we would like to continue informing you of our services, news, events and activities, but require your consent to do this. Please indicate below how we can contact you. *[NB If you don’t provide your consent to being contacted we will be unable to keep you informed.]*

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| **Please indicate all the ways you would like us to contact you:** | | | | | | | | | | | |  |
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| **By post:** | **Yes** |  | **By email:** | **Yes** |  | **By phone:** | **Yes** |  | **By SMS (text):** | **Yes** |  |  |
|  | **No** |  |  | **No** |  |  | **No** |  |  | **No** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**First Name :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Surname :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title :**  \_\_\_\_\_\_

**Address :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact No :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **email address :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Post Code :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_