

VOLUNTEER APPLICATION FORM

Please complete your details below:

NAME:

ADDRESS (INCL.
POST CODE):

EMAIL ADDRESS:

PHONE NUMBER:

EMPLOYMENT STATUS:

<input type="checkbox"/> Employed Full Time	<input type="checkbox"/> Employed Part Time	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Other - please describe:

AVAILBILTY:

PLEASE LET US KNOW DAYS AND TIMES YOU ARE AVAILABLE:

CRIMINAL CONVICTIONS:

DO YOU HAVE ANY CRIMINAL CONVICTIONS OR ANY PENDING?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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IF YES, PLEASE GIVE DETAILS. A PRIOR OR PENDING CRIMINAL CONVICTION MAY NOT PREVENT YOU FROM VOLUNTEERING WITH US, BUT FAILURE TO DISCLOSE THIS INFORMATION WILL RESULT IN INSTANT DISMISSAL.

DO YOU HOLD A CURRENT DISCLOSURE AND BARRING SERVICE (DBS)CHECK?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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AREAS OF INTEREST:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Community Pantry | <input type="checkbox"/> Admin | <input type="checkbox"/> Children |
| <input type="checkbox"/> Families | <input type="checkbox"/> Young People | <input type="checkbox"/> Community |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Other (please state): |

WHY DO YOU WANT TO VOLUNTEER AT THE OCTAGON?

HAVE YOU VOLUNTEERED ANYWHERE BEFORE?

- Yes No

CAN YOU LET US KNOW ABOUT WHAT YOU DID?

CAN YOU TELL US WHY YOU WOULD LIKE TO VOLUNTEER WITH US AND WHY YOU THINK YOU WOULD BE SUITABLE?

HEALTH

HEALTH PROBLEMS AREN'T A BARRIER TO VOLUNTEERING FOR US: WE SIMPLY WANT TO KNOW IF THERE IS ANYTHING WE NEED TO DO TO SUPPORT YOU IN YOUR ROLE.

HOW HAS YOUR HEALTH BEEN IN THE LAST YEAR?

- Good Fair Poor

ANY FURTHER INFORMATION YOU THINK WE MIGHT NEED TO SUPPORT YOU:

REFERENCES

PLEASE GIVE US THE DETAILS OF TWO PEOPLE WE COULD CONTACT FOR A REFERENCE FOR YOU:

NAME:

ADDRESS (INCL.
POST CODE):

EMAIL ADDRESS:

PHONE NUMBER:

NAME:

ADDRESS (INCL.
POST CODE):

EMAIL ADDRESS:

PHONE NUMBER:

SIGN:

DATE:

Privacy Policy: Brook Farm Community Association collects data to deliver services to customers, clients, service users. This programme aims to enable Brook Farm Community Association to deliver on its charitable objectives. For the purposes of this registration form, all data given will receive consent from the individual at the time of completing and will enable Brook Farm Community Association to contact them about the services that we provide. For children, young people, and other vulnerable groups the research we will ensure participant rights are protected in line with our safeguarding and data protection procedures.

Collecting and Using Personal Data. All data collected will enable us to deliver our projects effectively. However, we will only collect information that is essential for the purpose of the project. Your data will be used for us to contact you relating to the service you have requested more information about.

Who do we share your data with? The privacy of your personal data is paramount and will not be disclosed unless there is a justified purpose for doing so. We will never sell personal data to third parties.

Your data may be shared with the immediate project team who are authorised to work on the project and access the information. This may include staff at Brook Farm Community Association and partner organisations

Retention. Your information will not be kept for longer than is necessary and is usually kept in line with our current data retention procedure. If at any time you would like access to this data or would like your data removed please get in touch.

Contact Us. If you have any questions contact info@theoctagoncentre.org.uk

BROOK FARM COMMUNITY ASSOCIATION

THE OCTAGON - BROOK FARM DRIVE - MALVERN - WR14 3SQ

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