**VOLUNTEER**

**APPLICATION FORM**

If you need any help filling in this form, please contact us.

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| **FULL NAME** |  | | |
| **ADDRESS** |  | | |
| **PHONE NUMBER** |  | | |
| **EMAIL ADDRESS** |  | | |
| **PREFERED CONTACT METHOD** | **Text (SMS) Phonecall Letter WhatsApp Email** | | |
| **WHATSAPP NUMBER (If different)** | |  | |
| *I consent to be added to The Comfrey Project’s* ***WhatsApp groups****. I understand that other members of the groups will be able to see my phone number once I am added.*  **Signed………………………………………………………………** | | | *If you would like to occasionally receive information on The Comfrey Project’s services, events, activities, training and development opportunities offered by us and third-party providers that we think may be beneficial to you, please tick the box below, (we will not pass on your details to any third-party).* Please add me to the Mailing List 🞐 |

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| **GENDER** | **Male Female Other/Prefer not to say** |
| **NATIONALITY** |  |
| **LANGUAGES SPOKEN** |  |

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| Role(s) applied for; tick as many as you are interested in | | | | | |
| **OFFICE SUPPORT** | | **SESSION SUPPORT** | | | |
| Administration Assistant |  | Gardening Assistant |  | Language Support |  |
| Event Organisation |  | Repairs/Handy-work |  | Creative Activities |  |
| Fundraising Assistant |  | Bee-Keeping |  | Cooking Assistant |  |
| Marketing Assistant |  | Mentoring Support |  | Health & Safety Training |  |
| Research/Data Analysis |  | Children Activities |  | Wellbeing Activities |  |
| Cleaning/Housekeeping |  | Child Care |  | Not Sure |  |
| Other (please state): | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Availability; tick all that apply. We cannot guarantee your volunteering post at the date and time of your choosing. | | | | |  | AM | PM | **Notes:** | | Monday |  |  | | Tuesday |  |  | | Wednesday |  |  | | Thursday |  |  | | Friday |  |  | | | | | | |
| **Where did you hear about The Comfrey Project?** | | | | | |
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| **Why do you want to volunteer with us?** | | | | | |
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| **What skills or experience do you hope to share while you volunteer at The Comfrey Project?** | | | | | |
|  | | | | | |
| **What skills or experience do you hope to gain from your volunteering at The Comfrey Project?** | | | | | |
|  | | | | | |
| **Do you need any support to enable you to volunteer?** Yes 🞐 No 🞐 | | | | | |
| If you chose Yes, please give more information on the type of support you would require: | | | | | |
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| **CRIMINAL RECORD DECLARATION - OUR POLICY**  We recognise the contribution that former or ex-offenders can make as volunteers and welcome applications from them. A person’s criminal record, in itself, will not debar that person from being appointed. Suitable applicants will not be refused posts because of offences which are not relevant to, and do not place them at, or make them a risk in, the role for which they are applying. All cases will be examined on an individual basis, taking the following into consideration:   * Whether the conviction is relevant to the position applied for. * The seriousness of any offence revealed. * The age of the applicant at the time of the offence(s). * The length of time since the offence(s) occurred. * Whether the applicant has a pattern of offending behaviour. * The circumstances surrounding the offence(s), and the explanation(s) offered by the person concerned. * Whether the applicant's circumstances have changed since the offending behaviour.   It is important that applicants understand that failure to disclose all ‘unspent’ convictions, could result in disciplinary proceedings or dismissal.  **Please be aware that for some Support Volunteer Roles, a DBS Check (Disclosure and Barring Service) may be required. Information on this requirement will be explained by the Director or Session Coordinators.**  **DECLARATION**  This post is *not* ‘exempt’ from the Rehabilitation of Offenders Act. We only ask applicants to disclose convictions which are not yet ‘spent’ under the Rehabilitation of Offenders Act 1974.  Do you have any ‘unspent’ convictions? Yes 🞐 No 🞐  If you have answered **Yes**, please provide details of your criminal record here: |

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| **EQUALITY AND DIVERSITY - OUR POLICY**  The Comfrey Project recognises that everyone has a contribution to make in our community and a right to equal treatment. We aim to ensure that no potential or current service user, job applicant, staff member, trustee, or volunteer will be discriminated against by the organisation on the grounds of race, colour, employment status, age, disability, religion, sex, gender, marital status or sexuality. The Comfrey Project commits itself to taking positive action against discrimination. |
| **DATA PROTECTION - OUR POLICY**  **We only collect information about you that:**  ∙ helps us make our services better  ∙ helps us keep you safe while you are here  ∙ lets us contact you in regards to the services we offer  ∙ lets us give you useful information for other services  ∙ helps us understand who uses our service  **How we use your information:**  ∙ We never share your information with other organisations for marketing or commercial purposes.  ∙ We mostly share anonymous demographic information with partners and funders when contractually obliged to or to fulfil terms of an agreement for monitoring purposes.  **When we may disclose your personal information**  ∙ if we are under a duty to disclose or share personal data to comply with a legal or contractual obligation  ∙ for law enforcement purposes  ∙ to report safeguarding concerns  **Under the GDPR rules, you have the right to:**  ∙ ask us not to process your personal data  ∙ see information we hold about you  ∙ ask for inaccurate personal data to be corrected  ∙ ask us to erase the personal data we hold for you  For a copy of the personal information we hold about you or to request for it to be amended or erased, write to **The Comfrey Project Director, Windmill Hills, Chester Place, NE8 1QB**; when we are satisfied of your identity we will send you a copy of your personal information that we are legally required to disclose. Your request will be answered within 2 weeks from the moment it is received.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | I give consent for my personal information to be recorded and stored as a registered user of The Comfrey Project.   |  |  | | --- | --- | | SIGNATURE |  | | NAME |  | | DATE |  |   **Form received and checked by (staff signature): Date:** | |