

Volunteering Form

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| **Title: First Name: Last Name:** | |
| **Address:**  **Post Code:** | |
| Telephone Home: Work: | |
| Mobile: | Date of birth: |
| Email address: | |
| Car driver: Y/N | Have own car: Y/N |

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| --- | --- | --- | --- | --- | --- |
| **Status (Please Tick)** | | | | | |
| Unemployed |  | Student |  | Retired |  |
| Working Part-Time |  | Working Full-Time |  | Other (please state) | |

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| **How much time do you have available for volunteering?** (eg. 2 hours per week or 5 hours per month.):  **Please state available days of the week and morning or afternoon:**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | DAY | Mon | Tue | Wed | Thurs | Fri | Sat | Sun | | Hours Avail |  |  |  |  |  |  |  | |
| **Please ‘X’ the volunteer role(s) in which you are interested.** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Administration |  | Mindline |  | Charity Shops |  |
| Computer Skills/IT |  | Driving (own car) |  | E Commerce |  |
| Information distribution |  | Low-level Advocacy |  | Odd Jobs |  |
| Helping at Events |  | Media (social and or other) |  | Lighthouse Crisis Worker |  |
| Street fundraising collections |  | Collection tin distributor to shops etc |  | OTHER |  |
| **If you are responding to a specific role please state the name of the role:**  Any skills, interests, hobbies, previous experience you can offer to Carlisle Eden Mind: | | | | | |
|  | | | | | |

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| --- | --- | --- | --- |
| Experience with any of the following: | | | |
| Dealing with Mental health issues |  | Experience with Vulnerable people |  |
|  |  |  |  |

**How did you find out about voluntary work with us?**

(Please **‘X’** any boxes below)

|  |  |  |  |
| --- | --- | --- | --- |
| Press Advert |  | Social media site (Twitter/Facebook etc) |  |
| Carlisle Eden Mind web site |  | Local services web site |  |
| TV/Radio |  | Press article |  |
| Exhibition |  | From a user of Carlisle Eden Mind Services or a friend |  |
| Poster/Leaflet |  | Talk/Presentation |  |
| Other (please give details) | | | |

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| Did you originally enquire about volunteering via National Mind? | **YES / NO** |

**What are your reasons for volunteering?** (Please tick any of the boxes below)

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| --- | --- | --- | --- |
| To gain work experience |  | To get involved in the community |  |
| To develop new skills |  | To make new friends |  |
| To build up my confidence |  | To maintain existing skills |  |
| Additional reasons or comments: | | | |

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| Any other relevant information you would like to share with us? |

Please could you write the contact details of two referees who have known you for at least 2 years*.* These referees must not be family members and must live at a different address to you.

If your circumstances mean that you are unable to provide current references, we will be happy to discuss this further with you.

BLOCK LETTERS PLEASE

|  |  |
| --- | --- |
| Name:  Address:    Postcode:  Tel No:  Email:  Relationship to you: | Name:  Address:    Postcode:  Tel No:  Email:  Relationship to you: |

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| As an agency working with vulnerable people, certain volunteer roles are considered exempt from the provisions of the Rehabilitation of Offenders Act 1974 and any convictions must be declared. You must disclose all previous convictions; none of these may be considered spent.  Have you ever been convicted, warned, reprimanded or  cautioned for a criminal offence, or liable in a civil case? YES/NO  If yes, details will be required from you on a separate sheet (in strict confidence).  Please note that certain volunteer roles will require a DBS check. |
| Data Protection  By signing this form you are consenting for Carlisle Eden Mind to hold relevant personal information about you on our secure database Charitylog. Please read the Privacy Notice on the following page which outlines your rights under Data Protection legislation. |
| I certify that all of the information given on this form is correct  Signature: Date: |

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| --- |
| Thank you for your interest in volunteering with Carlisle Eden Mind Limited.  Please return this form by post or email to:  Volunteer Co-Ordinator  27 Spencer Street, Carlisle, CA1 1BE  Email: enquiries@cemind.org  Website: [www.cemind.org](http://www.cemind.org/) |

# **Carlisle Eden Mind Volunteer Privacy Notice**

How your information will be used

1. The information the Charity holds regarding volunteers will be used for our management and administrative use only. We will keep and use it to enable us to run the business and manage our relationship with you effectively, lawfully and appropriately, during the recruitment process, whilst you are volunteering for us, at the time when your volunteering ends and after you have left. This includes using information to enable us to comply with any legal requirements, pursue the legitimate interests of the Charity and protect our legal position.
2. We may sometimes need to process your data to pursue our legitimate charitable interests, for example to prevent fraud, administrative purposes or reporting potential crimes. We will never process your data where these interests are overridden by your own interests.
3. Much of the information we hold will have been provided by you and you will have given explicit consent for us to process that information. Some may come from other internal sources, such as your line manager, or in some cases external sources, such as referees.
4. The sort of information we hold includes your application form and references, and documents you have signed; correspondence with or about you, contact and emergency contact details; information needed for equal opportunities monitoring policy; and records such as training records and supervisions
5. You will inevitably be referred to in some Charity documents and records that are produced by your colleagues in the course of carrying out their duties and the business of the Charity, such as client histories on Charitylog.
6. Other than as mentioned below, we will only disclose information about you to third parties if we are legally obliged to do so.
7. The length of time your personal data will be stored for is dependent upon the nature of that data. Your personal data will be stored whilst you are a volunteer of Carlisle Eden Mind. If you leave Carlisle Eden Mind we will only retain data that is relevant to a purpose, for example providing references.
8. If in the future we intend to process your personal data for a purpose other than that which it was collected we will provide you with information on that purpose and any other relevant information.

Your rights

1. Under the General Data Protection Regulation 2018 (GDPR) you have a number of rights with regard to your personal data. You have the right to request from us access to and rectification or erasure of your personal data, the right to restrict processing, object to processing as well as in certain circumstances the right to data portability.
2. If you have provided consent for the processing of your data you have the right (in certain circumstances) to withdraw that consent at any time which will not affect the lawfulness of the processing before your consent was withdrawn.
3. You have the right to lodge a complaint to the Information Commissioners’ Office if you believe that we have not complied with the requirements of the GDPR with regard to your personal data.

Contact details

1. Carlisle Eden Mind trading as Carlisle Eden Mind Limited is the controller and processor of data for the purposes of the GDPR.
2. If you have any concerns as to how your data is processed you can contact:  
     
   Wendy White – Business Manager: You can email Wendy on [wendy.white@cemind.org](mailto:wendy.white@cemind.org) regarding the use of you data

**EQUAL OPPORTUNITIES MONITORING FORM**

We would be grateful if you would fill in this form and return it with your application. We are working towards equal opportunities and this information will help us to monitor our advertising, selection and appointment systems.

The information will not be used as part of the selection process itself and is held, confidential and anonymous, separately from the application forms until after the appointment has been made.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you | Male |  | Female |  | Transgender |  | Prefer not say |  |

1.

2. Do you consider yourself disabled? YES /NO

3. How old are you?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Under 25 |  | 25-39 |  | 40-54 |  | 55-65 |  | 65+ |  |

4. How would you describe your ethnic origin? (Commission for Racial Equality sample list)

**Please mark with ‘X’**

|  |  |
| --- | --- |
| White - England and Wales   English   Scottish   Welsh   Other, please write in   Irish   Any other White background, please write in |  |
| Mixed - England and Wales   White and Black Caribbean   White and Black African   White and Asian   Any other Mixed background, please write in |  |
| Asian, Asian British, Asian English, Asian Scottish, or Asian Welsh – England and Wales   Indian   Pakistani   Bangladeshi   Any other Asian background, please write in |  |
| Black, Black British, Black English, Black Scottish, or Black Welsh – England and Wales   Caribbean   African   Any other Black background, please write in |  |
| Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh, or other ethnic group – England and Wales   Chinese   Any other background, please write in |  |

# **VOLUNTEERS’ NEXT OF KIN FORM**

In the event of your being taken ill or having an accident during the course of your voluntary work, it would be helpful to have details of your next of kin and/or someone else you would wish to be contacted. Please ensure you inform the people that you have listed below that you have given us their information.

### Name of volunteer……………………………………………………………………

### Contacts:

1) Name:

Tel no (home) Tel no (work)

Mobile no: Relationship:

Address:

2) Name:

Tel no (home): Tel no (work):

Mobile no: Relationship:

Address: