

Volunteer Application Form

Thank you for your interest in volunteering for Vision Norfolk. The information you provide in this form will help us to match you to the right volunteering opportunity. If you need any assistance completing the form, or would like it in another format, please contact us on 01603 573000 or volunteers@visionnorfolk.org.uk

Your Full Name:
Preferred Pronouns:
Address, including postcode:
Contact numbers: Home: _____ Work: _____ Mobile: _____
Email:
Date of Birth:
Gender:
How would you prefer for us to contact you? (please tick all that apply) Telephone <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/>
Emergency Contact Information: Name: _____ Contact Number: _____ Relationship to you: _____
When are you available to volunteer? Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/>

We have activities happening across Norfolk and Hubs in Norwich, Great Yarmouth, and King's Lynn, please tell us which area you'd like to volunteer in:

What would you like to gain through your volunteering?

Please tell us a bit about yourself, such as any skills, experience, hobbies, or interests that you have.

Currently, volunteers are supporting us with the following services and activities. Please tick all that you wish to express an interest in:

Assisting at the Eye Clinic

Community Outreach

Driving minibuses

Supporting our children & young people activities

Supporting our activities for adults

Supporting the Cuppa Care Project

Fundraising

Driving

Technology Support

Other

Please tell us if there are any areas that you **do not** want to be involved in:

Do you have a valid driving licence and access to your own transport?

Yes

No

References.

Please provide the details of two people who we can contact for references. If possible these need to be people who have known you for at least two years. If you are not able to provide these details, please fill in what you can and we can discuss it further once we receive your application.

Reference One:

Name:

Position:

Address:

Telephone:

Email:

Relationship to you:

Reference Two:

Name:

Position:

Address:

Telephone:

Email:

Relationship to you:

To keep you safe and supported while volunteering, we ask for some information about your health. Any information provided is held confidentially and shared only with relevant staff members in order to support your volunteering experience.

Please let us know below if you have health conditions or accessibility requirements and provide some detail below.

How did you hear about Vision Norfolk Volunteering?

Disclosure and Barring Service (DBS)

The Rehabilitation of Offenders Act (Exemptions Order 1976) does make a certain exemption, which applies to the voluntary work you will be doing for our charity. As the voluntary work will involve working with vulnerable individuals (people with disabilities, older people and young children) it is our policy in accordance with the above Act to ask you to reveal all offences - including those that in other circumstances would be considered spent.

Do you have a criminal record is it spent or unspent as outlined by the Exemption Order 1976?

Yes No

If yes, please provide details:

Important information – Data Protection

Vision Norfolk needs to collect personal information about you in order to process your application. This information will also form the basis of confidential personnel records. The data will be retained for administrative and statistical reporting purposes. The lawfulness of processing this information under the Data Protection Act 2018 is for Legitimate Interest Purposes 6(f) and in compliance with legal obligations 6(c). We will only use your personal details in relation to your volunteering role with Vision Norfolk and will not pass your details on to third parties.

To view the privacy policy and statement, please visit:

Confidential

www.visionnorfolk.org.uk/privacy-policy/

By submitting this form, you consent to Vision Norfolk processing your data for the purposes outlined above.

You can ask to review, rectify, erase or move your data at any time.

As a Vision Norfolk volunteer you will gain information in respect of your duties which are confidential. Vision Norfolk expects all its volunteers and staff to treat information gained during the course of their work in the strictest confidence, and therefore all staff and volunteers are bound by organisational confidentiality agreement.

I hereby confirm that the above details are correct to the best of my knowledge, and I have read and understand the above statement:

Name (please print): _____

Signed: _____ **Date:** _____

Thank you very much for taking the time to complete this form and for considering volunteering with Vision Norfolk.