#  Volunteer Application Form

First name:

Last name:

Date of Birth:

Address line 1:

Address line2:

Address line3:

County

Postcode:

Home Tel:

Mobile:

Email:

Preferred method of contact: Telephone/Mobile/Email

**Do you drive?** Yes/No

**Emergency Contact Details
This will be treated confidentially, and will be stored securely, and the emergency contact will only be contacted for that purpose.**

Please provide us with details for someone we can contact in the unlikely event of an emergency when you are volunteering with us

Name:

Telephone:

Mobile:

Address:

Postcode:

Relationship to you:

**Is there anything we need to know about your health?** Meeting your needs: the purpose of this question is to ensure that special arrangements are made to protect anyone with a relevant medical condition (e.g., Asthma, Epilepsy, Diabetes, Allergies, Heart Condition, Arthritis or other condition affecting the joints, Pregnancy, Recent Illness, Visual or Hearing Impairment).

If you are taking any medication, please check that it is safe for you to participate in the planned activity.

Have you volunteered before?

If so in what capacity and with what sector for example, education, charity, social care etc.,

Why do you want to volunteer with us?

In what areas would you like to work? Is there any area of work which you would prefer not to take part in?

Placement and roles for volunteering

Please select your chosen branch /event for volunteering.

(You can select more than one)

Central

Coventry

Leeds & District

London

Midlands Connect

Nottingham

Southend

Stockport

West Midlands

West of Scotland

Weekend Social gathering for example Eastbourne event

NFB conferences such as AGM

Roles available

(You can select more than one role)”

Guiding visually impaired people

Office Support: Telephone calls, printing both braille and large font, updating the files for our office admin etc.,

Social media

Event management

How many hours will you be able to contribute? And how often?

What time of the day is suitable for you?

Do you prefer weekdays or weekend?

If working, have you mentioned about volunteering with us to your line manager?

Have you ever had a DBS check?

If so, please provide DBS reference number

If not, are you willing to apply one for our organisation Yes/No

Have you got any criminal convictions to declare? This doesn’t necessarily prevent you from working with us.

Have you ever received visual awareness training?

If so where and when

If not, are you willing to undergo one? Yes/No

You will be required to attend a Zoom interview at an agreed time.

Please ensure you have read all policies relating to working with NFBUK You can access this through the link provided <https://www.nfbuk.org/policies-procedures/>.

We could also provide these in your preferred format at request.

Your volunteering hours will be discussed at the first meeting.

Once you start volunteering with us, you will be expected to log your work and provide monthly updates to your line manager and our head office.

This application and your CV will be stored at our head office and a copy of these will be sent to your chosen branch/event as necessary.

Media Consent

Photographs and video footage may be taken during the event and will be stored securely and safely. We like to share images of clients and volunteers, as it helps to raise awareness of the work we do and the difference it can make to people’s lives.

Please indicate the options you are happy with by deleting as necessary:

- Website: Yes/No

- Social Media Pages, e.g. Facebook and Twitter: Yes/No

- Publications, e.g. leaflets, newsletter: Yes/No

- Print and online media: National, regional and local papers; magazines and news sites: Yes/No

We will seek new permission to use media over 12 months old

**Declaration**

I confirm that the information given on this form is, to the best of my knowledge, accurate. I give my consent for the National Federation of the Blind of the UK to use and process my personal data in relation to my volunteering placement, in accordance with the Data Protection Act 2018.

Please tick to agree

If successful, you need to sign and date this form before you start volunteering with us.

Signature:

Name:

Date: