



Volunteer Application Form

First Name									
Last Name									
Address									
Postcode									
Phone Number 1									
Phone Number 2									
Email Address									
Date of Birth				Contact Preference (please select)		Phone		Email	
Pronouns (please select)	He/Him		She/Her		They/Them				

Emergency Contact	
Full Name	
Phone Number	

Photo Consent
Sometimes we like to take photographs and videos of volunteers when helping with our activities, services, and events. We would like to use these photos and videos in the following ways: • To display in the Charity Shop and/or Buddys • To use on our website and social media pages • To use on our leaflets and posters • To use on other marketing materials. ☐ Please tick this box to confirm that you are happy for your photograph or videos to be taken and your image to be used for the purposes above.

Volunteer Role – please select which volunteering role you are applying for
☐ Charity Shop Volunteer ☐ Buddys Volunteer ☐ Sports and Social Activities Volunteer ☐ Community and Events Volunteer ☐ Trustee ☐ Other

Your Availability – please select when you are available to volunteer

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM	☐	☐	☐	☐	☐	☐
PM	☐	☐	☐	☐	☐	☐

Disability and Health Information – please select any disabilities you may have as well as any other relevant health information

Learning Disability	☐	Autism	☐	Asperger's	☐	Acquired Brain Injury	☐
Epilepsy	☐	Mobility Issues	☐	Physical-sensory impairments	☐	Mental Health issues	☐
Allergies	☐	Other (please state)					

Using the box below, please describe how your disability or health affects you:

Please continue on a separate page if needed.

Reference – please provide the details of someone who can provide a reference for you. This person **cannot be a relative.**

Name	
Phone Number	
Email Address	
Capacity you know this person	

Declaration**Disclosure and Barring Service:**

I understand that some volunteer roles at Worthing Mencap may be subject to a DBS check.

Using your data:

Your personal information will be stored and used by Worthing Mencap in line with GDPR regulations.

We will use your personal details for the purposes of supporting you in the best way whilst accessing Worthing Mencap provision and activities.

Worthing Mencap will not sell your personal information to other organisations.

We will not pass your information on to any other third parties without your consent.

Safeguarding duty:

To help ensure the vulnerable people we support are safe and free from any risk of abuse, we may need to forward details to the relevant safeguarding teams, and/or police, if we have any concern about someone's safety and/or wellbeing.

I confirm that the information I have given is correct. If my information changes, I will inform a member of the Worthing Mencap staff team.

Please confirm you have read and agree to the above by completing the boxes below.

Signed		Date	
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