**Mearns Kirk Helping Hands Volunteer Application Form**

**Contact Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Phone Number** |  |
| **Email Address** |  |

|  |  |
| --- | --- |
| **Role(s) you are interested in applying for** |  |

**Emergency Contact Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship to you** |  |
| **Contact Number** |  |
| **Can we contact this person in the event of an emergency?** | **Yes**  **No** |

**About you**

|  |
| --- |
| **Tell us briefly about why you would like to volunteer with Mearns Kirk Helping Hands?** |

|  |
| --- |
| **What skills, abilities, knowledge or previous experience do you have that you feel will benefit you in your volunteer role?** |

|  |
| --- |
| **If you become a volunteer with Mearns Kirk Helping Hands, what (if anything) would help you develop in your new role? (Training, support, information etc.)** |

|  |
| --- |
| **Are you currently receiving any care or support?**  **Yes  No** |
| **If yes, please give details:** |

|  |
| --- |
| **Do you require any additional support to volunteer with Mearns Kirk Helping Hands?**  **Yes  No** |
| **If yes, please provide further details** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **What days/times would you likely be available to volunteer?** | | | | | |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Morning** |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |
| **Evening** |  |  |  |  |  |

|  |
| --- |
| **How often per week/month would you be able to commit to volunteering?** |
|  |

**Referees**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please provide details of two referees that we can contact to provide a reference** | | | |
| **1.Name** |  | **2. Name** |  |
| **Contact No.** |  | **Contact No.** |  |
| **Email** |  | **Email** |  |
| **Relationship to you** |  | **Relationship to you** |  |

|  |
| --- |
| **Mearns Kirk Helping Hands works with some groups of people who are considered vulnerable, and so carries out Disclosure Checks with all staff and volunteers. Are you happy for this check to be carried out? (If you are not, but still wish to apply for the role, please contact the Volunteer Coordinator directly before submitting this form)** |
| **Yes  No** |

**Mearns Kirk Helping Hands**

**General Consent Form**

**Before completing this form you should read the Mearns Kirk Helping Hands (MKHH) Privacy Policy, which details the kind of information we will ask you for, why we ask for it and what we will do with it.**

***By ticking the boxes below and signing at the bottom of this form you are giving your consent to your information being processed or shared as described.* *If you give consent now and change your mind at a later date you can contact the Project Manager to have these permissions amended.***

|  |  |  |
| --- | --- | --- |
| **Item** | **Consent Given** | **Consent Refused** |
| **MKHH can securely hold the details I provide both in hard copy and in password protected electronic database.** |  |  |
| **MKHH can add my email address to a group email contacts list (this may mean other volunteers/ group members can see my email address).** |  |  |
| **I am happy to receive an email copy of the weekly Newsletter (Lunch Club for People Living With Dementia only).** |  |  |
| **MKHH can share my contact details with relevant volunteers on a “need to know basis” (for example drivers, volunteers holding emergency contact details on trips etc).** |  |  |
| **MKHH can contact my named emergency contact in the event of an emergency.** |  |  |
| **MKHH can contact my named emergency contact in the event I do not attend a session I am due to attend without notice, and I am uncontactable.** |  |  |
| **MKHH can contact my GP in the event of an emergency.** |  |  |
| **MKHH can use my image on their website, social media and in their newsletters.** |  |  |
| **MKHH can use my image in any funding applications or reports to funders.** |  |  |
| **MKHH may anonymously use any feedback I give or statistical attendance data as part of reporting back to funders.** |  |  |

**Signed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed by (MKHH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name (MKHH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date (MKHH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A copy of this document will be given to you for your reference.**

**Volunteer Equal Opportunities Monitoring Form**

Mearns Kirk Helping Hands is committed to being an equal opportunities charity and we would be grateful if you could complete the questions below. This information is used solely for statistical purposes to monitor our performance in relation to equal opportunities and to report this statistical information to funders. Your information will be held separately from your application form and will not be used during the volunteer application process. If you choose not to complete this form, it will not affect your ability to volunteer with Mearns Kirk Helping Hands. If you require further information please see the charity Privacy Policy and Equal Opportunities Policy.

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **How would you describe your gender?**  Male  In another way, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Female  Prefer not to say | | | |
|  | | | |
| **How would you describe your ethnicity?** | | | |
| White:  Scottish  Other British  Any other White  background  Please Specify: | Irish  Gypsy/Irish  Traveller  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Asian:  Indian  Pakistani  Any other Asian  background  Please specify: | Bangladeshi  Chinese  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Black:  Caribbean  Any other Black  background  Please Specify: | African  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Other:  Please Specify:  Prefer not to say | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **How would you describe your religion or belief?** | | | |
| No Religion  Buddhist  Muslim | Christian  Sikh  Prefer not to say | Hindu  Jewish  In another way, please specify: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **How would you describe your sexual orientation?** | | | |
| Heterosexual/Straight  Gay/Lesbian  Prefer not to say | | Bi/Bisexual  In another way, please specify: \_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Using the following definition, do you consider yourself to be disabled?**  Section 6(1) of the Equality Act 2010 states that a person has a disability if:   1. That person has a physical or mental impairment, and 2. The impairment has a substantial and long-term adverse effect on that person’s ability to carry out normal day-to-day activities | | | |
| Yes | No | Prefer not to say | |
| **Which age group are you in?** | | | |
| Under 25  25 – 34 | 35 – 44  45 – 54 | 55 – 64  65+ | Prefer not to say |

Thank you for completing this form.