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| **Personal Information** (Please Print) | | | |
| **First name(s):** |  | **Surname:** |  |
| **Title:** |  | **Preferred Name:** |  |
| **Address:** |  | | |
|  | | |
| **Postcode:** |  | **Health & Social Care Trust Area** *(Northern Ireland only)* |  |
| **Email address:** |  | | |
| **Landline number:** |  | **Mobile number:** |  |
| **Date of Birth** *(DD/MM/YYYY):* |  | | |
| **Communication / Access Requirements:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **Emergency Contact** *(just in case we need to contact someone on your behalf during your volunteering)* | | |
| **I confirm that I have contacted my named emergency contact to let them know I have shared their contact information and they are aware RNID will process their details in line with our duty of care for volunteers**  *(Please note, we cannot contact your named contact if you have selected ‘no’.*  *Please ensure your emergency contact is aware that you have shared their details with us)* | | |
|  | |  |
| **Full Name:** |  | |
| **Phone number:** |  | |
| **Relationship to you e.g.** *Neighbour, spouse /partner, carer, family member, friend, colleague* | |  |

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| **Do you have any unspent convictions under the terms of the Rehabilitation of Offenders Act 1974 (as amended in 2013)?** *If you have ticked yes, please fill out accompanying Criminal Records Declaration Form* | **Yes** | No |

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| **References** | | |
| **I confirm that I have contacted my named referee(s) to let them know I have shared their details and they are aware RNID will process their details in line with our Volunteer Reference Policy and contact them for a written character reference**  *(Please note, we cannot contact referee(s) if you have selected ‘no’. Please ensure your referees are aware that you have shared their details with us)* | | |
|  | |  |
| **Referee 1 full name** |  | |
| **Ref. 1 Contact email**  *(ideally professional email)* |  | |
| **Contact number(s)** *(ideally professional/work telephone number)* |  | |
| ***All referees MUST have known you for at least two years unless the role description indicates otherwise*** | | |
| ***Roles requiring references for 2 years +*** | *I confirm I have known this referee for more than 2 years* | |
| ***Roles requiring references for 1 year +*** | *I confirm I have known this referee for more than 1 year* | |
| **How do they know you?**  *In line with our Volunteer Reference Policy we ask that referees know you in a formal capacity, and cannot be a relative or partner. If you have any queries on whether your referees meet our criteria please contact us.* |  | |
| **Referee 2 full name** |  | |
| **Ref. 2 Contact email**  *(ideally professional email)* |  | |
| **Contact number(s)** *(ideally professional/work telephone number)* |  | |
| ***All referees MUST have known you for at least two years unless the role description indicates otherwise*** | | |
| ***Roles requiring references for 2 years +*** | *I confirm I have known this referee for more than 2 years* | |
| ***Roles requiring references for 1 year +*** | *I confirm I have known this referee for more than 1 year* | |
| **How long have they known you?** | ***(all referees must have known you for at least one year)*** | |
| **How do they know you?**  *In line with our Volunteer Reference Policy we ask that referees know you in a formal capacity, and cannot be a relative or partner. If you have any queries on whether your referees meet our criteria please contact us.* |  | |

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| **Volunteering News Opt-In**  *The national Volunteering Development Team sends volunteering e-newsletters 6-12 times a year with project updates, information on new volunteering initiatives and features on our current volunteers.*  ***If you choose ‘no’ in the sections below****, we will only contact you regarding essential information relating to your volunteering role with us, e.g. compliance training in safeguarding / Data Protection, our national volunteer survey and significant updates that will directly impact your volunteering with us.* | | |
| I give my permission for you to contact me by email |  |  |
| I give my permission for you to contact me by text message / SMS |  |  |
| I give my permission for you to contact me by telephone |  |  |
| I give my permission for you to contact me by post |  |  |

**Accessing our Volunteer Zone**The Volunteer Zone is our one stop shop for all volunteering resources including essential training, induction materials, policies and news from our CEO and Directors hosted on our online Sharepoint platform. Please ask your staff supervisor if you have any specific questions about the Volunteer Zone.  
  
When we sign you up as a volunteer, we will also set you up a login account using your name and email address and we’ll send you login instructions by email. **If you don’t have access to the internet to enjoy our bank of online resources you can contact your regional manager who will email volunteering on your behalf to let us know.  
  
Privacy Information:-** By filling in and submitting this form you are consenting to RNID using the personal information you provide to manage your volunteering activities with us, this includes contacting you using the methods you chose on the form in relation to your volunteering role. Your information will be securely stored on our internal database and it will only be used for purposes relating to your volunteering with us. The data you provide will be held in line with our data retention schedule, available on request from the Volunteering Development Team.

To send you our volunteering newsletter we may need to pass your email address to a digital email platform and/or courier that we use for delivering mail or emails on our behalf, and we will ensure that they keep your information securely and only use it for this purpose.

You have the right to withdraw your consent to our use of your information at any time by emailing: [volunteering@rnid.org.uk](mailto:volunteering@hearingloss.org.uk). **If you don’t have access to email you can contact your volunteer manager who will email volunteering on your behalf to let us know.**   
For further information about how we will protect your personal information and your rights, please see our privacy policy: <https://www.rnid.org.uk/help/privacy/>

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| **Volunteer Signature:** |  | **Date:** |  |

**Once fully completed – please return this form to** [**volunteering@rnid.org.uk**](mailto:volunteering@rnid.org.uk)

(If you do not have access to email please post to: Volunteering Administration, RNID,

126 Fairlie Road, Slough, Berkshire SL1 4PY)

**To be completed by Volunteer Manager:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** (Please Print) | | | |
| **Service/Department:** |  | | |
| **Opportunity/ Role title:** |  | | |
| **Task:** |  | **Location:** |  |
| **Start date:** |  | **Supervisor:** |  |

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| **Checklist**  (please mark with a ‘x’) | | | |
| Has Right to Volunteer in the UK been proven? |  |  |  |
| If required, has a disclosure check been requested? (e.g. DBS / PVG / ANI)  *\*please check guidance on the Volunteer Toolkit on the Loop if this roles requires a criminal records check* |  |  |  |
| Has volunteer ID card been requested?  (Only processed once DBS received, if required) |  |  |  |
| If driving is required, has Volunteer Car Insurance Form been checked? |  |  |  |
| Has the volunteer’s application form been securely destroyed? |  |  |  |
| Date of initial volunteering supervision meeting: |  | | |

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| **Volunteer Manager Signature:** |  | **Date:** |  |