**

**VOLUNTEER APPLICATION FORM**

Thank you for your interest in becoming a volunteer for Cheltenham Borough Council. Throughout the year there are a number of events and projects when the council welcomes volunteers support.

There are a variety of tasks that volunteers can get involved in, for example; helping to set-up an event and/or helping to run the event, meeting and greeting visitors, acting as marshals, handing out leaflets, supporting community gardening and friends groups and much more.

**Volunteer Information**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Mobile: |  |
| Email: |  |

|  |  |
| --- | --- |
| **Emergency contact 1 :** |  |
| Relationship: |  |
| Contact Number: |  |

*\*Please ensure you have permission to pass on these details\**

|  |  |
| --- | --- |
| **Emergency contact 2 :** |  |
| Relationship: |  |
| Contact Number: |  |

*\*Please ensure you have permission to pass on these details\**

|  |  |  |
| --- | --- | --- |
| **Do you have any health, support or access needs that we should be aware of?** | | **Yes / No**  **(Delete as appropriate)** |
| If yes, please describe |  | |

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| **Are you applying for a specific volunteering role? If so please state which role here:** |
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| **How did you hear about volunteering opportunities at Cheltenham Borough Council?** |
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| **What interests you about volunteering with Cheltenham Borough Council?** |
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| **Please indicate what type of volunteering roles you would like to be considered for. If you complete this box we may contact you in the future to let you know about volunteering opportunities in the areas you have expressed interest in:** |
| Events - **YES / NO**  Community projects - **YES / NO**  Environmental activities - **YES / NO**  Administration roles - **YES / NO**  Other, please specify: |

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| **What relevant skills, qualities and experience do you have which you would bring to a volunteering role?** |
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| **Please can you indicate your rough availability for volunteering (exact times will be discussed for each role). Please use the comments box to make us aware of any particular requests you would like to make i.e. ‘I can only volunteer every other Monday afternoon’ or ‘Thursday evenings are ok, but only till 8pm’** |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** | | **Mornings**  **9am-12pm** |  |  |  |  |  |  |  | | **Afternoons**  **12-5pm** |  |  |  |  |  |  |  | | **Evenings**  **5-10pm** |  |  |  |  |  |  |  | | **Comments** |  |  |  |  |  |  |  | |

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| --- | --- | --- | --- |
| **Do you have a current Disclosure & Barring Service check:** | | **Yes** | **No** *(this will not preclude you from being*  *given the opportunity to volunteer)* |
| If yes, which organisation applied for it?  (you may be requested to provide proof) |  | | |

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| **Criminal record declaration** |
| Do you have any convictions, cautions, reprimands or final warnings which are not ‘protected’ as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)? **Yes No**  *(By stating ‘yes’ this will not necessarily preclude you from being given the opportunity to volunteer)* |
| If you have answered yes, you now have **two** options on how to disclose your criminal record.  **Option 1:** Please provide details of your criminal record in the space below.  **Option 2**: You can disclose your record under separate cover provided that you mark a cross on the line below and attach the details in an envelope stapled to this form. The envelope should be marked **CONFIDENTIAL** and state your name and the details of the post, this will only be read by the Council’s Safeguarding and Partnerships Manager (or a deputy in their absence).  I have attached details of my conviction separately\_\_\_\_\_ (Please mark with an X if appropriate.)  **Option 1:** |

**Personal Information:**

|  |  |
| --- | --- |
| Age: | □ 18 – 24 **□** 25 – 34 □ 35 – 44 □ 45-54 □ 55 + |
| Gender: | □ Female □ Male □ Other …………………………… □ Prefer not to say |

|  |
| --- |
| **Any other information you feel relevant:** |

**Data Protection information:**

*I understand that the information I provide will be used by Cheltenham Borough Council to provide me with the opportunity to volunteer in line with their volunteer* [*privacy statement*](https://www.cheltenham.gov.uk/info/81/how_we_use_your_data/1371/environment_and_communities_privacy_data/23)*. Any health or emergency contact information is only collected to support the individual whilst volunteering or in case of emergency.*

**I consent to my data being used in this way (please select): YES / NO**

**I wish to be contacted by:**

**Email\* Phone\* SMS\* Letter\***

**(\*please delete the options that are not applicable)**

*\*Please note that if you do not provide consent you will not be able to volunteer for the council\**

*I also understand that Cheltenham Borough Council occasionally works on projects and events in partnership with other agencies. If you volunteer on a multi-agency project, personal information may be shared (with your consent) with our partner agencies; the Cheltenham Trust, Gloucestershire Constabulary and Cheltenham Borough Homes. Only information necessary to support the particular volunteering opportunity will be shared.*

**I would be interested in volunteering on joint projects with other organisations and give my consent (please select): YES / NO**

Please read and sign the below **Volunteers Disclaimer** to complete your application:

* I understand that I am personally responsible for my own health, well-being and safety, and will only perform tasks I am fit to undertake
* I accept that as a volunteer engaged in voluntary activities I have a General Duty of Care towards members of the public, fellow volunteers and Borough Council staff
* I agree to act with reasonable care and attention should I be required to use tools and equipment that are supplied by Cheltenham Borough Council or supplied by myself
* I understand that the activities I do as a volunteer will be agreed beforehand with the CBC staff member; and that I am only covered by the Council’s Public Liability Insurance when I carry out these duties as directed.

Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to:** [volunteering@cheltenham.gov.uk](mailto:volunteering@cheltenham.gov.uk) or by post to Volunteering Application, Strategy and Engagement, Cheltenham Borough Council, Municipal Offices, Promenade, Cheltenham, GL50 9SA. If you are posting the form please mark the envelope ‘Confidential’.

Please don’t hesitate to call 01242 264272 / 264297 if you have any queries. **Thank you.**