

Volunteer Registration Form

Personal Details

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> If other please specify	
First names:	Surname:
Email:	
Contact address:	
Postcode:	
Phone number: Home:	Work: Mobile:
Preferred form of contact:	Tick to receive farm info: <input type="checkbox"/>

Volunteering at Elm Tree Farm

Are you interested in a particular volunteering area/activity?

- Be a Buddy for our supported trainees
- Holiday club for young people with disabilities and/or autism
- Volunteer in our Farmshop
- Woodwork
- Growing organic food in our market garden
- Selling farm produce at our market stall at St Nick's farmers market (Wednesdays)
- Gardening in our ornamental plants and flowers nursery
- Animal husbandry
- Community action days
- Fundraising
- Help at community events
- Friends of Elm Tree Farm
- Other

Availability

How frequently do you wish to volunteer?

When would you be available to volunteer?

How long would you like your initial commitment to be?

Please indicate if you would like to volunteer evenings and weekends:

About you

Please mention any employment, voluntary experience, qualifications or training you consider relevant:

Do you have any particular skills you could bring to Brandon Trust?

Additional information

Do you have a current driving licence? Y N

Do you have the use of a car? Y N

References

Unless you are being sponsored by a partner employer, agency or similar institution (e.g. a university), please give details of a referee. It should be someone who knows you well and for a minimum period of six months. Referees should **not** be family members.

Referee	
Name:	Address:
Telephone:	Email:
In what capacity do you know this person?	
How long have you known them?	

Disclosure

Please note, answering 'yes' to these questions will not necessarily bar you from working with us, but we may need to discuss it with you.

As an organisation working with vulnerable adults and children, we carry out a basic DBS check on all general volunteers.

Do you have any unspent convictions?

Y

N

We are also obliged to ask you about your employment history.

In your current or any previous employment, are you or have you ever been subject to any form of complaint, grievance, disciplinary proceedings, dismissal or termination of employment?

Y

N

If you have answered YES to either of the previous two questions, please enclose full details in an envelope marked "confidential" and addressed to the Area Director at the address below. This will not necessarily be a bar to working with us. Please refer to the attached policy regarding the Rehabilitation of Offenders Act 1974.

Are you related to someone we support or a current employee of the Trust?	<input type="checkbox"/> Y <input type="checkbox"/> N
If Yes: Please provide full name/workplace	Full name Workplace



Special Requirements

Do you have any special requirements/health issues that may need specific provision or may restrict the type of volunteering you can do?
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Health Disclaimer

Please complete the table below in regards to the occupational health disclaimer needed as part of your Volunteer recruitment process. In order to help us to assess any additional support required:	
Do you have a health condition or are you taking any medication that could reasonably affect your ability to undertake the volunteer role described to you? If yes, we will need to complete an Individual Risk Assessment & Health Declaration with you.	YES/NO
Do you have a disability for which special arrangements or adjustments are needed? If yes, we will need to complete an Individual Risk Assessment & Health Declaration with you.	YES/NO
Name	Date

Emergency Contact details:	Name: Relationship to you: Contact number:
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Declaration

“I declare that, to the best of my knowledge, the information given is correct I understand that deliberate omissions, incorrect statements or canvassing of members of the Trust in connection with this application could jeopardise it and my volunteering. In addition, I am prepared to complete a Health Check, and confirm that to the best of my knowledge there are no medical reasons that would prevent me from undertaking a volunteer role”
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Name:

Signature..... Date.....

If you have any questions, please do not hesitate to contact us on 0117 9062907 or email us on corporate.hr.department@brandontrust.org



Name:

Equal Opportunities monitoring [Volunteers]

This information is provided for statistical purposes only.

Nationality:		Date of Birth:		Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Ethnic Origin	White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other Mixed <input type="checkbox"/> White and black Caribbean <input type="checkbox"/> White and black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Other	Asian <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other		Black / Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other <input type="checkbox"/> Chinese <input type="checkbox"/> Other		

We are a member of the Positive about Disability Scheme

Do you consider yourself to have a disability?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please provide details of any support needs you may have in carrying out any volunteering:		

Data protection

All information supplied is treated as strictly confidential. We will not collect or retain information without good reason and you may access it at any time. We may pass on your details to a third party to confirm the information (for example, to a referee) or if required by our regulators. However, we will not pass on any information outside of the organisation for any other purposes unless you authorise us to.

Complaints

Should you have a complaint that your application has been treated unfairly, please write to the Director of People and Resources within 2 weeks of hearing the outcome of your application

