**Charity Book Shop Volunteer**

**Application Form**

*Please return this form to: Catching Lives Book Shop, Palace Street, Canterbury, Kent, CT1 2DZ*

**Section 1 – Personal Information:**

|  |  |
| --- | --- |
| **Title & Full Name**  |  |
| **Known As** (if applicable) |  |
| **Address** |  |
| **Mobile Phone** |   | **Home Phone** |  |
| **Email**  |   |
| **Do you have a current driving license?** | Yes | No |

* 1. **Emergency Contact Details:** It would be helpful if you can give two emergency contacts - just in case in the event of an emergency we are unable to contact the first person.

|  |  |
| --- | --- |
| **Emergency Contact 1**(Name and Number) |   |
| (Relationship to you) |  |
| **Emergency Contact 2**(Name and Number) |   |
| (Relationship to you) |  |

* 1. **Convictions:** Please state any criminal convictions except those ‘spent’ under the Rehabilitation of Offenders Act 1974. If none state ‘None’

|  |
| --- |
|  |

**1.3 Health:** Do you have any physical or mental health support needs? If none state ‘None’

*If yes, please give details below (whether diagnosed or undiagnosed). This is asked so that we can be aware of any additional support you may require*

|  |
| --- |
|  |

**Section 2 – Volunteering:**

**2.1 Availability:** Please indicate possible times that you could be available:

|  |  |  |
| --- | --- | --- |
| **Day** | **AM** | **PM** |
| 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| Monday |  |  |  |  |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |  |  |  |  |
| Sunday |  |  |  |  |  |  |  |  |  |  |

**2.2 What do you think you will gain from volunteering with Catching Lives?**

|  |
| --- |
|  |

**2.3 Fundraising Interests – Please tick/ describe**

|  |  |  |
| --- | --- | --- |
| Would you be interested in volunteer fundraising? | Yes | No |
| If yes, what would you like to do? | Independent fundraisingGroup fundraisingJoin organised event |
| What type of fundraising event or activity would you be interested in arranging or joining? |  |
| Other (please describe): |  |

**2.4 How did you hear about Volunteering opportunities at Catching Lives?**

|  |
| --- |
|  |

**2.6 Are you happy to consent to be added to the Catching Lives Mailing List following a successful Induction and confirmation of your first shift?**

|  |  |
| --- | --- |
| Yes | No |

**Section 3 – Equal Opportunity Monitoring**

We strive to provide equal opportunities and fair treatment for all people applying to volunteer regardless of age, gender, sexuality, disability, nationality or ethnic origin.

In order to monitor this we would appreciate your co-operation in completing this form. Please tick or circle the appropriate box which best applies to you. If you do not wish to complete this form, you are not obliged to do so.

*This information will only be used in an anonymised format for data/ stat analysis.*

**3.1 Age Bracket**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Under 18  | 18 - 24  | 25 - 34 | 35 -44 | 45 - 54 | 55 - 64 | 65+  |

*We request the above information as the majority of volunteer roles have a minimum age requirement of 18+*

**3.2 Employment status**

|  |  |  |  |
| --- | --- | --- | --- |
| Paid employment | Job seeker | Retired | Student |
| Other: |  |

**3.3 Gender**

|  |  |  |
| --- | --- | --- |
| Male | Female | Prefer not to say |
| Identify as (if applicable): |  |

**3.4 Sexuality**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Heterosexual | Gay | Lesbian | Bi-sexual | Prefer not to say |

**3.5 Nationality**

|  |
| --- |
|  |

**3.6 Ethnicity**

|  |
| --- |
|  |

**3.7 Would you describe yourself as disabled?**

|  |  |
| --- | --- |
| Yes | No |

**Section 4 - Reference Details:**

Volunteers are representatives for Catching Lives and so we require two references as part of your Volunteer Application. Referees should have a ‘professional’ relationship to you i.e., a past / current employer, Doctor, Teacher / Tutor, Social Worker or similar. References from relatives or friends cannot be accepted.

|  |  |
| --- | --- |
| **Referee name:** |  |
| **Address:** |  |
| **Telephone number** | **Work:** | **Mobile:** |
| **Email:** |  |
| **Occupation:** |  |
| **Relationship to you:** |  |

|  |  |
| --- | --- |
| **Referee name:** |  |
| **Address:** |  |
| **Telephone number** | **Work:** | **Mobile:** |
| **Email:** |  |
| **Occupation:** |  |
| **Relationship to you:** |  |

Please sign to state that the information that you have provided on this form is true.

**Signed:** **Date:**



**Volunteer General Data Protection Statement**

* Catching Lives will process and be in control of the data provided by adhering to the Data Protection Act 2018 (DPA 2018) GDPR, 25 May 2018.
* The information which you provide to Catching Lives and any other information obtained or provided during the course of your volunteering with us (“the information”) will be used for the purpose of assessing your suitability for roles, in emergency situations e.g. to protect life or in a medical situation, and in relation to legitimate interests of our business.
* If you choose not to accept any offer of voluntary role that we make, the information will be retained for a further 6 months in the event of a more suitable opportunity arising, after which time it will be destroyed.
* You have the right to data portability, to request access to, rectification or to erasure of your data collected as part of this process.
* If your application is successful, the information will form part of your volunteer file and we will be entitled to process it for all purposes in connection with your voluntary role.
* Please note that information you provide to us during the course of your volunteering such as contact details is accessible to all staff members at Catching Lives.

**So that we may use the information for the above purposes and on the above terms, we are required to obtain your explicit consent. Accordingly, please sign the consent section below. You have the right to withdraw your consent at any time and the right to lodge a complaint with the Information Commissioner.**

I THE UNDERSIGNED CONSENT TO MY PERSONAL INFORMATION BEING USED FOR THE PURPOSES AND WITHIN THE TERMS SET OUT ABOVE.

**FULL NAME:**

**SIGNED:** **DATE:**