

Newark Community First Aid – Volunteer application form.

All information given is confidential.

Personal information

Title	
Forenames	
Family Name	
Address	
Postcode	
Email	
Date of Birth	
Country of Birth	
Contact numbers	
Mobile:	
Home:	
Work:	
Preferred contact number:	

Emergency contact.

Full name	
Contact numbers	
Mobile:	
Landline:	
Relationship to applicant.	

What aspect of Newark Community First Aid appeals to you most?

Please briefly outline your present work, hobbies and interests

Do you have any skills/ qualifications that could be relevant to your role in NCFA?
(For example fundraising, administrative, mechanical skills, Teaching/Training etc)

Photographic consent.

During NCFAs activities: public duties, fundraising, training etc. photographs may be taken for the purposes of promoting the charity's work, including Newspaper editorials, advertising and NCFAs promotional material. I hereby grant NCFAs the right to hold such images of my person for such a purpose on its image database and publish them in any of its print and electronic media output for an indefinite period unless otherwise stated. I understand that the images will NOT be licensed for any use beyond the remit of NCFAs, and will not be provided to any unconnected third person. I understand NCFAs holds the copyrights and all rights for the images.

I give consent for such photographs to be taken and held as stated above. (please circle) **Yes No**

If you do not give consent on this form you can ask for a specific model release form in the future.

References.

We require two referees who can vouch for you. One of these has to be a personal reference from someone who has known you for over five years and is not a relative. The other should be from someone who has worked with you in a professional setting, such as a teacher, current manager, or leader of another volunteer organisation. By completing this section you give us permission to take up these references as part of the processing of your application form.

Reference 1		Reference 2.	
Full name		Full name	
Company or organisation if applicable.		Company or organisation if applicable.	
Address		Address	
Postcode		Postcode	
Contact No		Contact No	
Contact e-mail		Contact e-mail	
In what capacity does the referee know you?		In what capacity does the referee know you?	
How long has the referee known you?		How long has the referee known you?	

Health

As part of being a volunteer with NCFCA you are required to complete a health questionnaire to determine suitability for the role. This is a separate confidential document between you and our medical team. The remainder of this section is voluntary and you are under no obligation to disclose any medical information on this form. Any information you give will be used to ensure NCFCA endeavours to meet any additional needs or requirements to the best of our ability.

Do you consider yourself to have a physical or learning disability? (please circle)

Yes No

If so can you tell us if we can do anything to assist your needs? For example visual aids, access requirements.

Do you have any medical conditions or allergies which you feel we need to be aware of for your own safety? For example asthma, nut allergy, diabetes, epilepsy.

Criminal convictions

As a volunteer you will have to have a Disclosure and Barring Service (DBS) check. This is a check carried out to establish if you have any criminal records. Certain criminal offences will be a bar to joining NCFCA. In some cases this will be an enhanced check. The remainder of this section is not compulsory. Do you have any criminal convictions you would like to discuss with a senior volunteer with NCFCA before proceeding with this application. (please circle) **Yes No**

Please note you will have to make an annual declaration of offences when you become a volunteer.

Declaration and data protection. (please read before signing)

I understand and consent to having a DBS check carried out and completing a health declaration as necessary for any involvement I have with NCFA. I consent to abide by any of the regulations set out by NCFA regarding membership.

We consider that in view of current immigration and asylum legislation, everyone who wishes to join NCFA must be able to prove they are legally eligible to volunteer in the UK and Islands. Therefore you must present the correct documentation in order for us to be able to process your application. The documents you provide must be originals. We will retain copies of the documents you provide for purposes of administration.

I confirm that to the best of my knowledge the information I have supplied on this form is correct and accurate at the time of writing. If any of the information on this form changes for any reason, I will notify the volunteer manager as soon as possible, particularly any circumstances which may affect my membership and role within the organisation.

I understand that all the information held about me will be held confidentially, and NCFA comply with the Data Protection Act in respect of the storage of records. Information will not be provided to any unconnected third party.

Print name

Date

Signature

Internal use only.

Date of completion

Verification of application process

Application form Interview

DBS ID Card

Medical Health Form References Checked

Eligible to volunteer in the UK.

Membership data base record