

Adult volunteer application form

SJF3A



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The collection and retention of volunteer data is in accordance with data protection legislation.
Please complete all relevant sections and return this form in a sealed envelope to: District HQ

1. Personal information

Surname:		Title:
First name:	Preferred first name:	
Address including county:		
Postcode:	Home telephone no:	
Date of birth (DD/MM/YYYY): / /	Mobile telephone no:	
Occupation (if applicable):		
Email:		

2. Emergency contact information

Surname:		Title:
First name:	Preferred first name:	
Email:	Home telephone no:	
Relationship to applicant:	Mobile telephone no:	

3. Supporting information

Have you previously been a volunteer with St John Ambulance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, volunteer number:	If YES, county:
What aspect of St John Ambulance appeals to you most?	
Have you any additional skills and/or qualifications that could be relevant to your role in St John Ambulance (for example, youth work, mechanical skills, administrative or fundraising)?	
If you speak any other language apart from English, please provide details:	
What are your interests/hobbies?	

4. Referee information

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 two years, and is not a relative. The other should preferably be from someone who has worked with you in a professional setting, such as a teacher, your current manager, a leader in another volunteer organisation, or a professional such as your GP.
By completing this section you give us permission to take up these references as part of processing your application.

Referee one

Surname:		Title:
First name:	Preferred first name:	
Company or organisation (if applicable):		
Address:		
Postcode:	Contact telephone no:	
Email:		
In what capacity does the referee know you?	How long has the referee known you?	

Referee two	
Surname:	Title:
First name:	Preferred first name:
Company or organisation (if applicable):	
Address:	
Postcode:	Contact telephone no:
Email:	
In what capacity does the referee know you?	How long has the referee known you?

5. Declaration and data protection information

Please read this section carefully before signing.

DECLARATION

In view of current immigration and asylum legislation, everyone who wishes to join St John Ambulance must be able to prove they are legally eligible to volunteer in the UK and the Islands. Therefore, the correct documentation must be presented in order for St John Ambulance to process applications. The documentation provided must be an original.

I understand and consent to having a Criminal Record Bureau check carried out, and completing appropriate medical health declarations to start and continue my involvement with St John Ambulance. I consent to making an annual declaration of any offences.

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 my personal circumstances change, especially in regard to my health, which for any reason may affect my fitness for my designated role, I will notify my supervisor as soon as possible.

By signing below I warrant that the information provided by me is accurate in all respects.

DATA PROTECTION

St John Ambulance will use the information supplied by you for all purposes associated with the administration of your role as a volunteer, including the monitoring of our communications facilities to check for compliance with relevant policies. We will transfer information we hold on you to third parties where we are required to do so by operation of law, where such transfer forms part of the administration of your role as a volunteer or to companies and organisations that carry out processing operations on our behalf.

You are entitled to see a copy of the personal data we hold on you. Should you wish to do so, please contact the Data Protection Officer at St John Ambulance National Headquarters, 27 St John's Lane, London EC1M 4BU. We reserve the right to charge a fee of £10 for processing this request.

I understand that St John Ambulance will hold data about me in compliance with the Data Protection Act 1998 and will use it for the purposes set out above.

We would like to keep you informed about our fundraising activities, events and other services.

- Please tick this box if you DO NOT wish us to keep you informed by post or telephone
 Please tick this box if you DO want us to keep you informed by email or SMS

Name of applicant (PRINT):	Signature of applicant:
Date of signing (DD/MM/YYYY): / /	
<i>If you are under 18 years of age, please ensure that a parent/guardian signs below.</i>	
Name of parent/guardian (PRINT):	Signature of parent/guardian:
Date of signing (DD/MM/YYYY): / /	

6. Photographic consent

Photographs may be taken for the purposes of promoting the charity's work, to be used alongside editorial, in advertising, and for general information provision. **I hereby grant St John Ambulance the right to hold such images of my person. I understand that the images will NOT be licensed for any use beyond the remit of St John Ambulance and will not be provided to any unconnected third person. I understand St John Ambulance holds the copyrights and all other rights for the images. By signing below I give consent for such photographs to be taken, used, and held as stated above.**

Name of applicant (PRINT):	Signature of applicant:
Date of signing (DD/MM/YYYY): / /	
<i>If you are under 18 years of age, please ensure that a parent/guardian signs below.</i>	
Name of parent/guardian (PRINT):	Signature of parent/guardian:
Date of signing (DD/MM/YYYY): / /	

Information on this form is confidential to St John Ambulance and will not be shared with outside organisations without prior consent. The data will only be used for monitoring purposes and will be treated in the strictest confidence. If, however, you prefer not to provide this information, please complete **Section 4** and return the form to your St John Ambulance District HQ, so that we confirm that all members have had an opportunity to participate in this process. **Prospective members are also asked to complete the separate application form.**

1. Database agreement

I agree or I do not agree to my details being kept on a computerised database

Surname:

Title:

First name:

Preferred first name:

Name of unit:

If you have agreed to provide this information, please proceed to Section 2

2. Gender and disability

What is your gender? Male Female Prefer not to answer

Do you consider yourself to have a disability? Yes No Prefer not to answer

Disability as outlined in The Equality Act 2010 (Disability) Regulations 2010 is defined as 'a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities'

3. Ethnic origin

How would you describe your ethnic origin?

Black or Black British

Caribbean African

Other Black background (please state):

Asian or Asian British

Indian Pakistani Bangladeshi

Other Asian background (please state):

East Asian

Chinese Japanese Korean

Other East Asian background (please state):

Dual heritage

White/Black Caribbean White/Black African White/Asian

Other dual heritage background (please state):

White

British Irish

Other White background (please state):

Other ethnic background (please state):

Prefer not to answer

4. Signature

I prefer not to provide the information requested on this form

Signed:

Date of signing (DD/MM/YYYY): / /

For members under the age of 16 (note that members in charge of units should not sign on behalf of Badgers or Cadets)

Name of parent guardian signing on behalf of person in **Section 1**:

Signed:

Date of signing (DD/MM/YYYY): / /

Thank you for completing this form