**Volunteer Application Form**

About this application form

We ask everyone interested in volunteering with us to complete this application form. The form requests your contact details and a little background information on what you’d like to get out of volunteering with us. Please read the role descriptions for further information about what our volunteering roles entail.

Please email your completed form to hello@azalea-academy.com or attach this document to our online registration form on [www.azalea-academy.com/become-a-volunteer](file:///C%3A%5CUsers%5Cuser%5CDownloads%5Cwww.azalea-academy.com%5Cbecome-a-volunteer).

We will contact all suitable applicants to arrange an informal meeting either at our office or at a convenience public space.

If you have any questions or would like to chat about volunteering before you complete the form, please email, text or call our Volunteer Coordinator Leah Johansson using the contact details below.

Telephone: 0191 516 6152

Email: hello@azalea-academy.com

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| **Personal Details** |

|  |  |
| --- | --- |
| **First Name**  |  |
| **Surname**  |  |
| **Home Address**  | **Street:**  |  |
| **Town:** |  |
| **Post Code** |  |
| **Mobile Telephone Number** |  |
| **E-mail**  |  |
| **Date of birth**  |  |

**Which volunteer activities are you interested in?**

Please give us details about what you are interested in doing as a volunteer – you can choose more than one.

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**Why are you interested in this role?**

Please tell us a little bit about yourself and describe what skills and interests you have in relation to your chosen role. It’s helpful to include what you would like to get from a volunteer role with us. Just a paragraph will do!

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| **Where did you find out about our volunteer opportunities?**  |  |
| Access / other requirements |
|  | Wheelchair user |  | Hearing loop |
|  |
|  | Large print |  | Interpreter |

|  |  |
| --- | --- |
| **Please let us know of any reasonable adjustments we could make to enable you to volunteer with us**  |  |

 **Availability**

When would you be able to volunteer with us? Please provide the times you are available. We are aware that your availability will change depending on the time of year (e.g. exams, school holidays), this is just a rough guide for us.

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Morning** | **Afternoon** | **Evening** |
| **Monday**  |  |  |  |
| **Tuesday**  |  |  |  |
| **Wednesday**  |  |  |  |
| **Thursday**  |  |  |  |
| **Friday**  |  |  |  |
| **Saturday**  |  |  |  |
| **Sunday**  |  |  |  |
| **Or give a total if the day cannot be fixed:** |  |
| **Comments:** |  |

**Declarations**

|  |  |
| --- | --- |
| **Data Protection** | As part of our volunteer management process we may collect and store sensitive personal data about you. We are required by law to obtain your consent to such data being recorded. It is our policy to store data relating to recruitment procedures for a minimum of 12 months after the date on which a volunteer officially leaves the organisation. Any information of this nature will be treated confidentially. Sensitive personal data is defined as information relating to any of the following; racial or ethnic origin, political opinions, religious beliefs, trade union membership, health, sexual orientation, offences and/or convictions. Any information you give in this form will be kept on the Healthwatch Trafford database and in accordance with the Data Protection Act will not be shared with anyone else without your permission.For the purposes of the Data Protection Act 1998 the Data Controller is Andrew Latham – Chief Officer at Healthwatch Trafford.  |

**I confirm that the information in this application form is accurate to the best of my knowledge.**

|  |  |
| --- | --- |
| **Signed**  |  |
| **Date** |  |

**Thank you for completing this application form.
Please return via email to** **hello@azalea-academy.com** **or by attaching to your online registration form.**

 **We will be in touch soon!**