



Instructions: Download and save to your computer. Open in Adobe Reader DC. Fill in the relevant boxes. Sign either by typing your name or using the Fill and Sign option in the Adobe toolbar. Save, print or email back to us using the buttons at the bottom of the form or by using the Adobe Save file, Print file, Send file by email buttons in the toolbar.

APPLICATION FORM					
PERSONAL DETAILS					
Title	First name:			Surname:	
	Known as:				
Mr	Mrs	Miss	Ms	Dr	Rev
Home address:			Home telephone number:		
Town:			Mobile number:		
County:			Email address:		
Postcode:			Date of birth:		
Car Make:			Model:		
Reg No:			Car Type:		
HEALTH AND SAFETY					
Do you have a disability?			Yes	No	
If yes, please provide details below:					
Please provide an EMERGENCY CONTACT NAME AND NUMBER for someone we can get in touch with, in case of an unlikely emergency when you are volunteering with Camberley Care. This will be treated confidentially, and will be stored securely, and the emergency contact will only be contacted for that purpose.					
Name:			Relationship:		
			Telephone Number:		
VOLUNTEERING					
Have you volunteered before?			Yes	No	
If yes, in what capacity?					
Do you have experience of acting as a facilitator and motivating people?			Yes	No	
SUPPORTING INFORMATION, INCLUDING REASON(S) FOR WANTING TO VOLUNTEER					

REFERENCES

Please give the names and addresses of two references, how they are known to you, and who have known you for at least 2 years. These references **MUST NOT** be relatives

Name		Name	
Address:		Address:	
Postcode:		Postcode:	
Tel. number:		Tel. number:	
Email		Email:	
How known, for how long, and in what capacity?		How known, for how long, and in what capacity?	

CONFIDENTIALITY AGREEMENT

Whilst undergoing volunteering for Camberley Care, I understand that I may receive confidential information and **I AGREE** that all information seen and discussed will remain completely confidential and that **I WILL NOT**:

- communicate, disclose, or make available any part of the confidential information to any third party, except in the performance of your normal duties. This is a requirement of the General Data Protection Regulation (GDPR) effective 25/05/2018
- make any announcement or disclosure in connection with any confidential information
- leave computer screens and computer printouts of Camberley Care business in such a manner that unauthorised persons can obtain access to them

Where there is a risk of danger to a client, volunteer, employee or the public at large, or where it is against the law to withhold it, information may be divulged to external agencies e.g. police or social services on a need to know basis.

Signature

Date:

PRIVACY POLICY**Our Privacy policy – protecting your personal data**

Camberley Care take your privacy seriously and will only use your personal information to administer Camberley Care business. We will only share your personal data with our office team and Board of Trustees. We will never share your personal data with any third party.

Keeping in touch – please tick your preferences below

I am happy to receive information necessary to my volunteering role by:

Post:

Email:

Phone:

DISCLOSURE AND BARRING SERVICE (DBS) & REHABILITATION OF OFFENDERS ACT 1974

Due to the nature of the Camberley Care business, and dependent upon the volunteer role, you will be required to undertake an **enhanced DBS** check.

PHOTOGRAPH/FILM CONSENT

I **CONSENT** to photographs, sound recordings and film of me being used to promote Camberley Care. I understand that they may be used in a variety of promotional material, such as social media, printed publications, presentations, in the media or on the Camberley Care website. **I understand that these may be used for up to five years from the date on this form.**

Signature

Date:

DECLARATION

I declare that the information I have given in support of my application is, to the best of my knowledge and belief, true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information my application may be disqualified or, if I have already been appointed that appointment may be revoked.

Signature

Date:

HOW DID YOU HEAR ABOUT CAMBERLEY CARE?**FOR OFFICE USE ONLY**

DBS Form Ref No

DBS Certificate No

Update Service No

Update Service
renewal date

Joining Date