

VOLUNTEER REGISTRATION FORM



For Office Use/Ar Gyfer Y Swyddfa
Date Received/Dyddiad Derbyniwyd
.....
Date/Time Appt/Dyddiad/Amser Appt.
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In order for us to deal with your volunteering enquiry your information will be recorded on the CVSC database. Please see our Privacy notice <https://thirdsectorsupport.wales/privacy/> to find out how your information will be used, who can access it, the legal bases on which your information is held and your rights in relation to this information, including your right to object to the processing of your data. Your form will be passed to third party organisations with whom you have expressed interest in volunteering or to third parties who may support you in your volunteering journey. Your records will be retained on our secure systems for 18 months and then securely destroyed.

Mr [] Mrs [] Ms [] Miss [] Surname.....
Forename.....
Date of Birth/...../.....
Address.....
Post Code.....
Phone..... Mobile.....
E-mail.....

➤ Why do you want to volunteer?
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➤ Please tell us about your past experiences and if you have volunteered previously
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➤ **When are you available?**

Please indicate the times you are available or if you would like to discuss times with the organisation, please tick the 'flexible' box below

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Flexible []

➤ **Can we contact you about opportunities to volunteer at one off events, micro-volunteering and short term volunteering? [Yes / No]**

➤ **Are you undertaking Volunteering as part of a recognised award? (14 - 25 year olds only) [Yes / No] If yes please state**

➤ **Would you like to register for the Millennium Volunteers certificate scheme? (14 - 25 year olds only) [Yes / No]**

➤ **Do you agree and are happy for organisations to carry out a DBS check on you where appropriate for the volunteering role/s you are applying for? [Yes / No]**

(This will not affect your chance of volunteering, but it may restrict the opportunities available. All information will be treated in the strictest confidence.)

I confirm that this information is correct and understand how my personal data will be used

Signed.....Date.....

FOR USE IN CASES WHERE SPECIAL CATEGORY DATA IS VOLUNTARILY REVEALED
We require your consent to pass on special category data (sensitive personal information). You can withdraw your consent at any time by contacting volunteering@cvsc.org.uk. I consent to this information being shared with third parties

Signed.....Date.....

Please return the form to:

CVSC Volunteering
7 Rhiw Road
Colwyn Bay
LL29 7TG

Phone: 01492 534091

E mail: volunteering@cvsc.org.uk

