



CSG Community Volunteer Application Form

Thank you for volunteering to help the Slapton community. So that we can welcome you on board the Community Support Group as soon as possible, please can you to complete the volunteer's application form below and return it to the Parish Clerk. This will ensure that we have your contact details and next of kin on file, can make adaptations to ensure your wellbeing and health and that you are covered by the Parish Council's insurance when undertaking any unpaid work on its behalf.

Volunteer Personal Details

Name of Group volunteering to join: Slapton Community Support Group (CSG)

All your information will be kept safe and confidential

Your Contact Details	
Title:	Please circle Mr Mrs Ms Miss Dr, Other (please state)
Full Name:	
Date of Birth:	
Address:	
Home phone:	
Work Phone:	
Mobile:	
Email:	

In the event of an emergency who would you like to be contacted?

Emergency Contact Name:	
Relationship to you:	
Address:	
Home Phone:	

Work Phone:	
Mobile:	
Email:	

General Data Protection Regulations Consent to hold Contact Information

1. I confirm that I have read and understood Slapton Parish Councils Privacy Notice, Members Code of Conduct, Covid-19 meetings policy, Safeguarding, Equality and Diversity Policies,. These can be found at <https://slaptonparish.co.uk/parish-council/information/>
2. I agree that Slapton Parish Council may process my personal information for providing information and corresponding with me.
3. I agree that Slapton Parish Council can use pictures and my name when publishing volunteer work actioned by myself on its Website, Slapton Lines Magazine- (Parish Council Updates), to office departments of Devon County Council and South Hams District Council and on social media/News articles.
4. I agree that Slapton Parish Council can keep my personal data for the length of my volunteers' position or until I request its removal.
5. I understand that I have the right to request modification on the information that you keep on record about myself.
6. I understand that I have the right to withdraw my consent and request that my details are removed from your database.

Your Health

Your health and safety are of primary importance to us. We aim to plan activities around your capabilities. It is important that we are aware of any medical conditions that may make it difficult for you to undertake any activities as a volunteer, or may be made worse through your role and let us know below of any reasonable adjustments that need to be made to help you fulfil your role as a volunteer:

Safeguarding the community

Any criminal convictions may not prevent you from volunteering for your community but because the role may involve contact with children and vulnerable adults it may limit the nature of your involvement and activities that you might undertake

<p>Please tick opposite to confirm that you have read the Parish Councils Safeguarding Policy</p> <p>This can be found on the PC website under 'Information'</p>	<p>Tick here to confirm:</p>
<p>DBS Check</p> <p>For volunteer roles involving working with children, vulnerable adults or finances, you will need to undertake and provide the results of a basic DBS check. We will let you know at the time of applying for a specific volunteer role if a DBS check is required.</p> <p>You can apply for a basic DBS check via the Governments website or other responsible organisation if you have access. You can find out how to do this by visiting the Governments website: https://www.gov.uk/guidance/basic-dbs-checks-guidance.</p> <p>The DBS check summary should be forwarded with your application form to the Parish Clerk and will be retained on file for the period of volunteering and then destroyed.</p> <p>The cost of the DBS check (£23) will be refunded by BACS by the Parish Council. Please provide your bank details below in order receive a refund.</p> <p>Name of Bank:</p> <p>Name of bank account:</p> <p>Sort code:</p> <p>Account number:</p>	

Convictions		
Do you have any unspent convictions? (Please tick)	Yes / No	
If yes please provide a brief description:		
Declaration		
Please tick as appropriate:	I agree	I don't agree
I agree to comply with all health and safety guidance and training I am given		
I agree to make the group co-ordinator aware of any changes to my contact details or health (as described in this form)		
The information I have given in this form is, to the best of my knowledge, true and correct		

What is your ethnic Group?

Please choose one option that best describes your ethnic group or background.

White

1. English/Welsh/Scottish/Northern Irish/British
2. Irish
3. Gypsy or Irish Traveller
4. Any other White background, please describe:

Mixed/Multiple ethnic groups

5. White and Black Caribbean
6. White and Black African
7. White and Asian
8. Any other Mixed/Multiple ethnic background, please describe

Asian/Asian British

9. Indian
10. Pakistani
11. Bangladeshi
12. Chinese
13. Any other Asian background, please describe

Black/ African/Caribbean/Black British

14. African
15. Caribbean
16. Any other Black/African/Caribbean background, please describe

Other ethnic group

17. Arab
18. Any other ethnic group, please describe

Please sign to agree to the General Data Protection Regulations Consent to Hold Contact Information as detailed above and that the information you have provided is correct.

Signed:

Date:

Thank you for applying.

Please return this form to the Parish Clerk at Southview, Slapton, Kingsbridge, Devon. TQ7 2PN or scan and email to slaptonclerk@gmail.com. The PC will reply as soon as possible after receiving your application.