My Sight Nottinghamshire

Volunteering Application Form

The information you supply on this form will be treated in confidence

Personal details

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | | |
| **Address** |  | | |
|  | | |
|  | **Postcode** |  |
| **Telephone No** |  | | |
| **E-mail** |  | | |

Relevant experience

**Please tell us why you want to volunteer for My Sight Notts and what experience or skills you could bring to the role.** (Please continue on a separate sheet if necessary)

|  |
| --- |
|  |

**What interests and hobbies do you have that you would be prepared to share as part of your role?**

This may be to teach someone a new skill, great customer service simply to enable general conversation with a person of similar interests – this is often helpful in establishing a relationship with a service user

|  |
| --- |
|  |

**What type of support are you interested in delivering? (tick as many as apply)**

|  |  |
| --- | --- |
|  | My guide – sighted guiding, getting out and about to improve confidence and independence. |
|  | Emotional support, listening ear and conversation, face to face. |
|  | Telephone Befriending |
|  | Shopping volunteer. |
|  | Social group support, Nottingham city, Newark, Mansfield and Bassetlaw. (Please highlight the group you are interested in). |
|  | Sport and fitness, supporting our activities, gym and swim, walking, rambling, goalball, cricket and one-off activities |
|  | Arts and choir groups in Nottingham, Mansfield and Newark |
|  | IT support, Tech Befriending, online, group sessions and face to face. (e.g., teaching someone to use a smart phone, get on zoom, do on-line shopping) |
|  | Admin and reception Volunteer |
|  | Talking news, research items to read, record and duplicate to our service users. |
|  | Driver, giving someone a lift to an appointment and social activities or driving our mini bus. |
|  | Charity Shop volunteer (customer service, cash handling, sorting) |
|  | Fundraising volunteer (supporting events, community and corporate fundraising activities) |

**How will you travel to visit service users? (Tick as many as apply)**

|  |  |
| --- | --- |
|  | Own car/motor bike |
|  | Cycling |
|  | Walking |
|  | Public transport |

**How far are you willing to travel to support a service user?**

|  |  |
| --- | --- |
|  | 0-3 miles |
|  | 3-6 miles |
|  | 6-10 miles |
|  | 10-15 miles |
|  | 15-20 miles |

**Do you speak any languages (other than English)?**

**Yes  No**

**If yes, please state which language/s and to what extent (e.g. fluent, verbal only, written only, the basics etc.):**

|  |
| --- |
|  |

**IT access and skills**

We like to be able to contact volunteers by email. This is especially useful for sending out newsletters and surveys as it reduces our postage costs. It can also be useful for volunteers to be able to use the internet or do video calls. We do, however, realise that not everyone is comfortable or able to use IT and therefore we will offer training in this. If you don’t want to use computers/smart phones/tablets at all then there is still a volunteering role for you, please indicate on the information format section of this form.

|  |  |
| --- | --- |
|  | No internet access |
|  | No email address/can’t use emails |
|  | Comfortable with email |
|  | Comfortable with general internet searches |
|  | Comfortable with social media |
|  | Comfortable with video calls (e.g. zoom) |
|  | Willing to undertake training to increase skills as required |
|  | Do not want to use computer/smart phone or tablet at all in my volunteering role |

**Protecting Children and Vulnerable Adults**

Please be aware that for roles working directly with service users we will undertake an Enhanced

Disclosure and Barring Service (DBS) check.

Some criminal offences will not bar you from volunteering with us and we will make a decision on an

individual basis.

Other roles, such as administration volunteer do not require a DBS check, if you are

considering a role supporting vulnerable people then please tell us about any criminal offences:

**Do you have any criminal convictions?**

**Yes  No**

**If yes, please give details of the offence, and relevant dates:**

|  |
| --- |
|  |

**Equality and Diversity**

This information will be kept alongside your volunteer profile in order for us to monitor the diversity of current volunteers as we endeavor to represent the communities we work in. You are under no obligation to complete it, but it would help us to make our service accessible to a wide range of people if we are able to monitor our volunteer base.

For My Guide Volunteers, we would also like to use this information to help match you with a service

user if appropriate. **Do you give permission for the information to be used in this way?**

**Yes  No**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Personal Information** | | | | | | |
| **Gender** | Male | | Female | | Prefer not to say | |
| Other (please specify) | |  | | | |
| **Sexuality** | Heterosexual | Gay | | Lesbian | | Bisexual |
| Prefer not to say | Other (please specify) | | | | |
| **Date of Birth** |  | | | | | |
| **Ethnicity – please tick the option that best describes you** | | | | | | |
| **White** | | | | | | |
| English | Welsh | Scottish | | Gypsy | | British |
| Irish | Northern Irish | Irish Traveller | | Other | |  |
| **Mixed / Multiple Ethnic Groups** | | | | | | |
| White and Black Caribbean | | White and black African | | | |  |
| White and Asian | | Other | | | |  |
| **Asian / Asian British** | | | | | | |
| Indian | Pakistani | Bangladeshi | | Chinese | | Other |
| **Black / African / Caribbean / Black British** | | | | | | |
| African | Caribbean | Other | |  | |  |
| **Other Ethnic Groups** | | | | | | |
| Arab | Other |  | |  | |  |

My Sight Nottinghamshire aims to be open and inclusive to all. We welcome diversity in our team and will make all reasonable adjustments to support anyone volunteering with us.

We will try to provide access, equipment or other practical support to ensure that our volunteering opportunities are as accessible as possible, we work within the Equalities Act 2010 and welcome volunteers from all backgrounds and circumstances.

We particularly welcome applications from people from BAME backgrounds and those who identify as disabled and will endeavour to support people wishing to contribute through volunteering.

**Do we need to make any additional arrangements for you to attend the interview or undertake your preferred role?**

**Yes  No**

**If yes, please give details:**

|  |
| --- |
|  |

**Your availability**   
Please let us know your availability by completing the table below. We appreciate your availability may change and this will only be used as a guide

Simply put a mark in the relevant boxes where you may be available to volunteer:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Mon | Tue | Wed | Thurs | Fri | Sat | Sun |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |
| EVE |  |  |  |  |  |  |  |

**Information Format**

**How would you like to receive information from us?**

|  |  |
| --- | --- |
|  | Large Print (Font 16) |
|  | Large Print **(specify print size):** |
|  | Audio – CD |
|  | Audio – Memory Stick |
|  | Braille |
|  | Email |
|  | Through a relative or friend **(please specify their email address):** |
|  | Other format **(please specify):** |

**References**

Please provide us with the details of two people who can give a reference for you. This could include

previous or current employers, people or organisations you have volunteered for, teachers or anyone

else, friends or family who can vouch for your character and conduct or experience.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Reference 1** | | | **Reference 2** | | |
| **Name** |  | | **Name** |  | |
| **Relation** |  | | **Relation** |  | |
| **Address** |  | | **Address** |  | |
|  | |  | |
| **Postcode** |  | **Postcode** |  |
| **Telephone** |  | | **Telephone** |  | |
| **E-mail address** |  | | **E-mail address** |  | |

**Signature**

Please sign to confirm that the information you have provided in this form is honest and accurate to the best of your abilities.

|  |  |
| --- | --- |
| **Signed:** |  |
| **Print name:** |  |
| **Date signed:** |  |

My Sight Notts undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 2018. My Sight Notts takes your privacy seriously. We will never sell your data or share it with a third party other than with your express permission (unless related to a criminal offence/safeguarding issue\*) and will store your details securely. If you are returning this form by email, your email submission will act as your signature.

|  |  |
| --- | --- |
| **R E T U R N I N G T H I S F O R M** | |
| By Hand or Post:  Volunteer Coordinator  My Sight Notts  26-28 Heathcoat Street  Nottingham  NG1 3AA | By E-Mail:  volunteer@mysightnotts.org.uk  Enquiries:  Telephone: 0115 9706806 |

\*If you wish to discuss these exceptions to our confidentiality statement, please contact our Services

Manager, Emma Lucas.