 **Volunteer Application Form**

Thank you for your interest in volunteering for Hear for Norfolk - the operating name of Norfolk Deaf Association (NDA). Please take some time to fill in this application form, the information you provide will help us to place you in the right Volunteer role. Unfortunately, we cannot accept incomplete application forms, so if you have any difficulties filling in this form, please call Hear for Norfolk on 01603 404440 for assistance.

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| **Your Full Name:**  |
| **Address, including postcode:**  |
| **Contact numbers:**Home: Work: Mobile: |
| **Email:** |
| **Date of Birth:** |
| **How would you prefer for us to contact you?** (please tick all that applies)Phone  Email  Letter  |
| **What areas of our work are you interested in volunteering for?** Currently, volunteers are supporting us with the following services and activities. Please tick all that you wish to express an interest in: Hearing Support (maintenance of NHS issued hearing aids) Cuppa Care Project Assistive Listening Devices Clinics Otoscopy Clinics (people with clinical background only) General office administration Fundraising  |
| **When are you available to volunteer?**Monday  Tuesday  Wednesday  Thursday  Friday  Weekend Daytime  Evening  Weekends  |
| **What would you like to achieve through your volunteering?** |
| **What have you got to offer? Please tell us about any skills, qualities and experience (paid or unpaid) that you have.** |
| **Do you have access to your own transport?**Yes  No **Do you have any hobbies and interests?**Yes  No If yeas, please provide details:  |
| **References.**Please provide the details of two people who we can contact for references. We prefer that at least one of these references comes from a person with a professional background; for example, from a teacher or doctor, or a current or previous employer. For the second referee, a personal reference may be used. **Reference One:**Name: Position: Address: Telephone: Email: Relationship to you:**Reference Two:**Name: Position: Address: Telephone: Email: Relationship to you: |
| **Do you have any health conditions or accessibility requirements that may affect your ability to volunteer for Hear for Norfolk?** Yes  No If yes, please provide details: |
| **Out of interest..... how did you first hear about Hear for Norfolk and about our volunteering vacancies?** |
| **Disclosure and Barring Service (DBS)**The Rehabilitation of Offenders Act (Exemptions Order 1976) does make a certain exemption, which applies to the voluntary work you will be doing for our charity. As the voluntary work will involve working with vulnerable individuals (people with disabilities, older people and young children) it is our policy in accordance with the above Act to ask you to reveal all offences - including those that in other circumstances would be considered spent.**Do you have a criminal record be it spent or unspent as outlined by the****Exemption Order 1976?**Yes  No If yes, please provide details: |
| **Important information**Hear for Norfolk needs to collect personal information about you in order to process your application. This information will also form the basis of confidential personnel records. The data will be retained for administrative and statistical reporting purposes. The lawfulness of processing this information under the Data Protection Act 2018 is for Legitimate Interest Purposes 6(f) and in compliance with legal obligations 6(c). We will only use your personal details in relation to your volunteering role with Hear for Norfolk and will not pass your details on to third parties.To view the privacy policy and statement, please visit: www.hearfornorfolk.org.uk/privacy-policy/By submitting this form, you consent to the Hear for Norfolk processing your data for the purposes outlined above. You can ask to review, rectify, erase or move your data at any time by emailing nda@hearfornorfolk.org.ukAs a Hear for Norfolk volunteer you will gain information in respect of your duties which are confidential. Hear for Norfolk expects all its volunteers and staff to treat information gained during the course of their work in the strictest confidence, and therefore all staff and volunteers are bound by organisational confidentiality agreement.I hereby confirm that the above details are correct to the best of my knowledge, and I have read and understand the above statement:**Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **What next?** Please return this form by post for attention of Mark Mabbitt, Hear for Norfolk, 14 Meridian Way, Norwich, NR7 0TA or email it to mark.mabbitt@hearfornorfolk.org.uk**Thank you very much for taking the time to complete this form and for considering volunteering with Hear for Norfolk!** |