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**OFFICE USE ONLY**

**Induction completed** [ ]  **ID seen** [ ]

**CCS Volunteer Registration Form 2022/23**

 **Section 1 – Personal Information**

|  |  |
| --- | --- |
| Title: |  |
| Forename: |  |
| Surname: |  |
| Address: |  |
| Telephone number | Home: | Mobile: |
| Email: |  |
| Date of birth: |  |
| Emergency contact:(Their name, address and number) |  |

* 1. **Do you have any medical issues that we need to be aware of?** Yes[ ] No[ ]

If yes, please give details below (whether diagnosed or undiagnosed). This is asked so that we can be aware of any additional support you may require if undertaking certain, often challenging, volunteering roles (e.g. client activities/ client support).

***If not please write age here-*** *We can then discuss with you whether we can make an exception but usually volunteers must be 18*

**1.2** **Are you over 18 years of age?** Yes[ ]

**1.3 Do you have any convictions?** Yes[ ] No[ ]

If yes, please state any criminal convictions including those ‘spent ‘under the Rehabilitation of Offenders Act 1974. This is asked as the people we support are often vulnerable and your answer will not necessarily prevent you from volunteering but may be discussed with you.

**Section 2 – Volunteering**

**Please tick the role(s) you would be able to do (roles will be discussed at your induction):**

Cooking evening meals (16:45-19:15) [ ]

Church Venue set-up (19:00-22:00) [ ]

Bedding transportation (must have own vehicle) (18:30-19:00 **and/or** 07:45- 08:00) [ ]

Volunteer Project Worker (supporting staff member)(17:00-20:00) [ ]

Overnight (supporting staff member) (22:00- 07:30) [ ]

**Section 3 - Reference Details**

We require a reference because people we support are vulnerable. Referees should have a ‘professional’ relationship to you i.e. past / current employer, doctor, bank manager, teacher/tutor, social worker. References from relatives or friends cannot be accepted. If you are finding it difficult to obtain a suitable reference, please discuss this with the CCS Co-ordinator at Catching Lives.

|  |  |
| --- | --- |
| Referee name: |  |
| Business name and Address: |  |
| Telephone number | Work: | Mobile: |
| Email: |  |
| Occupation: |  |
| Relationship to you: |  |

**Enhanced disclosures are required when volunteering with vulnerable individuals.**

Please sign to state that the information that you have provided on this form is true and that you have no objection to the organisation applying for enhanced disclosures from the disclosure and barring service (DBS) if deemed necessary for the role you are going to undertake.

**Signed:** **Date:**

 **When we see you for an induction we ask that you bring TWO of the following:** driving licence; passport; utility bill; copy of birth certificate.

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**VOLUNTEER’S CONFIDENTIALITY AGREEMENT**

**APPLICABLE TO: VOLUNTEERS / PLACEMENT STUDENTS / VISITORS**

**Purpose:**

The purpose of this agreement is to protect the confidentiality of clients attending “Catching Lives” and organisational information. It also aims to promote the rights of clients and the organisation by adhering to the Data protection act of 1984, and amendments thereof in 1999.

**Agreement:**

I the undersigned agree to maintain client anonymity and confidentiality of client information and organisational information that I may become aware of during the course of my volunteering, placement or visit to “Catching Lives”.

I agree not to disclose any information regarding clients to any external parties, including the following: friends, family of my own or the client, police, media, agencies, contractors, suppliers, consultants, researchers, medical professionals.

I agree that should any such request for information be made to me concerning clients or the organisation from the above or any other party, I shall refer this promptly to the General Manager. I shall not disclose whether the client is a service user.

NB: Should I become aware of any known or potential physical or psychological risk to or from the client, I shall in these circumstances disclose this to the General Manager or an appropriate member of staff in the event that urgent help might be required.

I agree that I shall only have access to files and general documents as directed by management staff during my stay at “Catching Lives” which are considered necessary for me to safely undertake my work with clients within organisational policy.

I am aware that any breach of the above agreement may mean that I am unable to continue volunteering at “Catching Lives”.

**Name:**

**Signed:** **Date**: