***NEW VOLUNTEER***

***ENQUIRY AND REGISTRATION FORM***

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| If you need any help filling in this form, please do not hesitate to contact us.  \* Delete as required | | | | |
| 1 | Name: | Mr/Mrs/Miss/Ms\* | | |
| 2 | Home Address: |  | | |
| 3 | Telephone Numbers: | Home: Work:  Mobile: | | |
| 4 | E-mail Address: |  | | |
| 5 | Occupation: (optional) |  | | |
| 6 | Do you have any medical conditions we should know about? | Yes/No\*  (if yes please give details on a separate sheet, this includes if you are on regular medication) | | |
| 7 | Is there anything we can do to make volunteering easier for you?  E.g. special requirements, certain days or times, access requirements. |  | | |
| 8 | Volunteer Signature: |  | Parent/Guardian signature (if under 18): |  |
| SECTION 3 – EMERGENCY CONTACT DETAILS | | | | |
| 9 | Name: |  | Relationship: |  |
| 10 | Home Phone: |  | | |
| 11 | Work Phone: |  | | |
| 12 | Mobile Phone: |  | | |
| 13 | Doctors Details: Name |  | | |
| 14 | Doctors Address and telephone |  | | |

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| Is there a particular role or subject you are interested in? |  |
| Where did you hear about volunteering at Epping Forest Countrycare? | Volunteer Bureau  EFDC Website  Search Engine  Word of Mouth  Countrycare Leaflet  Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Data Protection Act 1998 – Privacy Policy**

By adding your details to this form you are giving consent for the Epping Forest District Council to process your personal information in accordance with current data protection legislation. Under the Data Protection Act 1998 your personal details will be processed fairly and lawfully and will not be passed on to any third parties. Should you at any time wish to be removed from the Volunteers Database please contact us and we will remove your details.

**Equal Opportunities Monitoring Form**

The Epping Forest District Council is committed to Equal Opportunity. The aim of our policy is to ensure that no volunteer receives less favourable treatment on the grounds of sex, age, disability, race, colour, nationality, ethnic or national origins, marital status, sexual orientation, political or religious belief or is disadvantaged by conditions or requirements which cannot be shown to be justified. All volunteers will be given equal opportunity and, where appropriate, training to enable them further in roles for the Authority.

This information will be treated in the strictest confidence and will be used only for monitoring purposes.

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| **Surname** |  | **Forename** |  | |
| **Gender** | Female | Male | | Transgender |
| **Age** | 0-15  16-20  21-35  36-45 | 46-55  56-65  66-75  75+ | | |
| **Ethnic Group** | White    Mixed  Asian including Asian British  Black or Black British  Chinese or Chinese British  Other | British  Irish  Other White British  White and Black African  White and Black Caribbean  White and Asian  Other Mixed Background  Indian  Pakistani  Bangladeshi  Other Asian Background  African  Caribbean  Other Black Background  Chinese  Any other Background  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Disability** | Would you be considered to have a disability under the Disability Discrimination Act?  Yes  No  Type of Disability: | | | |