1For office use only	I/v	Ref 1	DBS	ID	Start Date
Source:	Date	Ref 2	Disclosure	Issued	
			Date		



Mr/ Mrs/ Miss/ Ms Surname	
Forenames	
Address	
	Postcode
E-mail	Fax
Telephone No	Work
Mobile	Date of Birth
Time available for volunteering?	Usual means of transport?
Present/previous occupations skills, work experience and previous volunteering	Hobbies/interests

References - Please give details of two people wh employer/voluntary organization, friend or neighbor	o have known you for at least 2 years, eg; our. These referees must not be family members.				
Reference 1	Reference 2				
E <mark>m</mark> ail:	Email:				
Relationship to you	Relationship to you				
	PTO				
Volunteer Registration continued					
Have you any health problems/disabilities which you	ou may need help with to carry out your role?				
YES □ NO □					
If yes, please give details					
Emergency Contact Relationship to you: Name:					
Address:					
Telephone Home:	Work:				
Mobile:					
frail and vulnerable and it is our policy to carry checks .If your role falls within the new definition	I you will be involved with older people who may be out appropriate Disclosure & Barring Service (DBS) of regulated activity, as stated in the Safeguarding Protection of Freedoms Act 2012, then a DBS check				
	exempted under the Rehabilitation of Offenders Acunteers with Age Concern are required to declare any disconnection of the Act.				
Have you any previous convictions?	YES □ NO □				
If yes, please detail 'spent' convictions:					

GDPR 2019

Please note, disclosure of an offence will not necessarily exclude you from volunteering and will be held in confidence by Age Concern Epsom & Ewell.

CONSENT

To comply with the General Data Protection Regulation (GDPR) (25TH May 2018) we require permission from you as to how we store and use your personal information.

I agree to the relevant personal details being held on file on the below listed databases. Also, I confirm that I will notify Age Concern Epsom & Ewell of any changes to my details. I understand that with prior notification, I have the right to access this information, and to request its deletion at any time. I understand that my personal details are not shared with third parties.

- Charity database (Charity Log)
- Excel spreadsheet (internal use only)
- Mail Chimp (Email Marketing Platform)

I give consent for my personal information to be stored as stated above YES	NO □	'ES □	ated above `	as stated	stored as	to be	information	v personal	consent for my	I aive
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Disclosure and Barring Service

If your role requires a Disclosure and Barring Service (DBS) check, details of this will also be stored or our Charity Log Database. Only the relevant staff within the charity will see/check the result of the DBS This information is not shared with any third party.
I give consent for Age Concern Epsom and Ewell to record my DBS certificate number. YES \square NO \square
I give consent for Age Concern Epsom and Ewell to check my DBS update service account every three years. YES □ NO □

Fundraising and Marketing

Our fundraising events rely on the support of our volunteers. If you are happy to receive communications regarding such events, please tick the listed boxes below.

I give consent to be sent:		By these methods of communications;			
Age Concern newsletters		Email	YES 🗆 NO 🗆		
Social Events	YES □ NO □	Telephone	YES □ NO □		
Fundraising Events	YES □ NO □	Post	YES □ NO □		
Training Opportunities	YES 🗆 NO 🗆				
I agree for my photograph	to be used for pro	motion purposes if re	quired YES □	NO 🗆	
Signed		Date.			