

Volunteer Registration Form

Please complete form in black ink and return to **MYMY - Mind Your Mate and Yourself at 19 Dundrum Road, Newcastle BT33 0BG or 61 Main Street Castlewellan**
Email: hello@mymy.org.uk or for more information or call 028 432 18512

Surname:

Forename(s):

Address:

.....Postcode:

Telephone – Home:Mobile:

Email:

What is your preferred form of communication? (Please mark with x)

Post		Email		Phone	
------	--	-------	--	-------	--

YOUR PAID WORK OR VOLUNTEER WORK EXPERIENCE

Please give details of your present or most recent

Employer/Organisation:

Address:

From: (month, year)To: (month, year)

Summary of key responsibilities:

Availability

PERSONAL STATEMENT

Please tell us why you would like to work with MYMY and what you would bring to the post of volunteer?

.....

.....

CONFIDENTIAL

Do you have any medical conditions or disabilities that could affect your role as a volunteer? A disability or health problem will not prevent full consideration of your application. We can discuss any access needs you may have at the interview stage

Yes/No If YES please give details:

We recognise and welcome our responsibility to remove any barriers for disabled people. We are committed to making reasonable adjustments wherever possible and it would be helpful to know your needs for us to do this.

PROTECTION OF CHILDREN AND ADULTS AT RISK CHECK

Do you have any convictions that are not 'protected' (as defined by the Rehabilitation of Offenders (Exceptions) (Northern Ireland) Order 1979, as amended in 2014)? **YES/NO**
Before appointing anyone to such a post, it is our policy to ask for an ACCESS NI Service check which is free.

Any information we receive will be treated confidentially and we will talk to you about it before we make a final decision.

REFEREES

References will be taken up once an offer for a volunteer role has been made and verbally accepted. Please give TWO referees and indicate in what capacity they are known to you.

Please do not use referees who are related to you.

Name:----- Name:-----

Organisation:----- Organisation:-----

Address:----- Address:-----

Telephone no:----- Telephone no:-----

Email Address:----- Email Address:-----

Relationship:----- Relationship:-----

In accordance with the Data Protection Act 1998 I give my consent for the information contained in this form to be processed in accordance with MYMY volunteer policy for the purposes of recruitment. I understand that if offered the volunteer placement, this application form will be held by Personnel for the duration of my volunteer placement and destroyed in line with the MYMY Data Protection Policy.

The information given is correct to the best of my knowledge. I understand that because of the sensitive nature of volunteer duties a CRB (Criminal Records Bureau) check will be required.

Signature: _____

Date: _____