

SHOP VOLUNTEER REGISTRATION FORM

Thank you for your interest in volunteering for Assistance Dogs N.I. Please complete this form and return it to your Shop manager.

The information you provide is strictly confidential and we will use it to administer any volunteering you do with us. We welcome applications from people of all abilities, backgrounds and communities. Assistance Dogs N.I. abides by the Data Protection Act 1998 and operates an Equal Opportunities policy.

Volunteering Roles:

Customer Service Assistant ☐

Stock Processing Assistant ☐

Fundraising ☐

Driver ☐

Please tick the volunteering role(s) you are interested in.

Personal details

Title (Mr/Mrs/Miss etc.): _____

Surname: _____

Forename(s): _____

Male/Female (please delete)

Address: _____

Postcode: _____

Tel No: _____

Mobile No: _____

Email: _____

Date of birth: _____

Emergency contact details

Who should we contact in an emergency?

Name: _____

Relationship: _____

Tel No: _____

Mobile No: _____

Health

Do you have any health conditions or disabilities of which we should be aware? Yes/No (please delete)

If yes, please give details _____

Criminal convictions

Have you ever been convicted or charged with a criminal offence? Yes/No (please delete)

(You do not need to disclose any convictions which are considered 'spent' under the Rehabilitation of Offenders Act 1974)

If yes, please provide any detail of the criminal offence(s) including dates and sentences.

A prior criminal conviction or the fact that you have been charged with a criminal offence will not automatically prevent you from volunteering with Assistance Dogs N.I., but failure to disclose relevant information or providing false or misleading information may result in the opportunity to volunteer being withdrawn with immediate effect.

Employment status

Please tick the appropriate box. Are you....

In paid employment ☐ Unemployed ☐ Retired ☐ Student ☐ Self-employed ☐ Duke of Edinburgh ☐

Involved in a training scheme ☐ Other ☐ (Please give details): _____

Your volunteer role _____

How much time would you like to give per week? _____

How did you hear about volunteering for Assistance Dogs N.I.? _____

Why do you wish to volunteer? _____

References

In order to protect the interests of Assistance Dogs N.I. we need to ask you to provide details of two referees, whom we may contact, who are not directly related to you by blood or by marriage and who have known you for at least two years. (Please note that if there are any health concerns in respect of your application we may also ask for a reference from your medical practitioner).

Name: _____ Name: _____

Address: _____ Address: _____

Email: _____ Email: _____

Postcode: _____ Postcode: _____

Tel No: _____ Tel No: _____

How do you know this person? _____ How do you know this person? _____

Parental/guardian consent

This is required for volunteers under the age of 18.

I give my consent for (volunteer's name) _____ to volunteer with Assistance Dogs N.I.

Signed: _____ Date: _____ Relationship: _____

Personal declaration

This form requests that you provide us with both personal data and sensitive personal data. Sensitive personal data includes, but is not limited to, information related to your health, racial and ethnic origin and criminal convictions. By providing us with any personal data and sensitive personal data, you agree that Assistance Dogs N.I. may hold and use your personal data and sensitive personal data to consider your suitability to be a volunteer, manage your role as a volunteer and keep in touch with you. This information, including the information contained in this form can be stored by us on both manual or computer files. It will be held securely and only accessed by authorised personnel within Assistance Dogs N.I. or, exceptionally, provided to third parties where required by law (e.g. to government bodies and law enforcement agencies).

By submitting this form (i) I agree to abide by all Assistance Dogs N.I. policies and guidelines made available to me including those relating to volunteering and health and safety; (ii) I agree that ownership of any intellectual property rights created in the course of my volunteering shall remain vested in Assistance Dogs N.I.; (iii) I will notify Assistance Dogs N.I. of any changes in circumstances that may affect volunteering; (iv) I agree to you contacting and requesting a reference from the referees referred to above; and (v) I acknowledge that I am volunteering entirely at my own risk and that Assistance Dogs N.I. shall not be liable in any way for any injury or loss that might occur as a result of my activities other than as a result of Assistance Dogs N.I.'s negligence.

I confirm that the answers that I have provided on this form are true.

Signed: _____ Date: _____

To be completed by the Shop Manager

I confirm that I have accepted the above person as a volunteer on behalf of Assistance Dogs N.I.

Name of Shop manager: _____

Start date of volunteer: _____

I _____ give my consent to use any photographs taken of me while volunteering in the ADNI Charity Shop.

Date: _____