**Volunteering Application Form**

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| **Personal Details**Title: Mr/Mrs/Miss/Ms/otherName: Date of birth: |
| **Contact Details**Home address:Contact number:Email address: |
| **Volunteering Opportunity** – What area of volunteering are you interested in? Retail Stock processing Warehouse Admin Other – please state*\*Some volunteer roles may be subject to DBS check or reference requests. You will be notified of this before your induction and supported through the process.* |
| **Disability/medical declaration**Do you consider yourself to have a disability or any health concerns that we need to be aware of? Yes / No If yes, please give details so that the team are aware of the best way to support you during your volunteering opportunity. |
| **Availability –** when would you be available to volunteer?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  |  |  |  |  |  |  |  |
| Morning  |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

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| **How did you hear about volunteering with Newlife?**  Facebook Instagram LinkedIn Google Search In-Store Careers Event Word of Mouth Newlife Website Other, please specify: |
| **Stay Connected** Don’t miss out! If you don’t already hear from us by email, by opting in to email, you’ll be the first to hear about the incredible impact of your support, inspiring stories from families we’ve helped, and exciting opportunities to get involved in the future. Together, we can make a real difference to the lives of children with disabilities.  Yes please count me in! |

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| **General Data Protection Regulation** We, Newlife the Charity for Disabled Children are the ‘controllers’ of the information which we collect about you. We are committed to protecting your personal data, whether it is sensitive or not, and we only process data if we need to for a specific purpose. Newlife’s People Team collect and process all personal data related to staff employment and volunteer engagement. To see Newlife’s full Privacy notice, please visit: [*https://newlifecharity.co.uk/privacy-policy/*](https://newlifecharity.co.uk/privacy-policy/) |
| **Signed** **Date** |

Please return this completed form to –

**Post:** Newlife the Charity for Disabled Children, Hemlock Way, Cannock, Staffordshire WS11 7GF
**Email:** volunteer@newlifecharity.co.uk

**In Store:** Hand to one of our team members in your nearest store