



# Kentish Stour Countryside Partnership Volunteer Record Form



Thank you for your interest in volunteering with KSCP.

Please can you complete this form & sign the attached Volunteer Agreement.

All the information will be treated in confidence, stored in accordance with the Data Protection Act and will not be shared with third parties without your agreement.

## Personal details

Title & name			
Preferred email			
Telephone number (mobile preferably)	Mobile	Landline	
Full address (with postcode)			
Date of Birth		Gender (tick)	Female      Male

## Volunteering with KSCP

Why do you want to volunteer? e.g. meet people, develop skills etc.	
Where did you hear about KSCP volunteering?	
Please tell us about any relevant skills, experience or qualifications	

## Emergency contact details – someone you would like us to call in an emergency

Name			
Relationship			
Telephone number	Mobile	Landline	
Full address with postcode			

## Health and Safety

Health issues and a criminal record do not automatically stop you volunteering. The information helps us judge each case individually and is designed for yours and everyone's safety and enjoyment of volunteer activities. In the unlikely event of an accident the information you provide will ensure that KSCP can provide the best possible help. Any information you choose to withhold will therefore be at your own risk.

### Do you have any unspent criminal convictions?

Please state the date and type of conviction

**Please circle either yes/no for each question.**

- |  |     |    |
|--|-----|----|
| 1. Has your doctor ever said that you have a heart condition?  | yes | no |
| 2. Do you feel pain in your chest when you do physical activity?                                       | yes | no |
| 3. In the past month have you had a pain in your chest when you were not doing physical activity?      | yes | no |
| 4. Do you lose your balance because of dizziness or do you ever lose consciousness?                    | yes | no |
| 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? | yes | no |
| 6. Do you have diabetes?   | yes | no |
| 7. Do you have asthma?   | yes | no |
| 8. Have you any history of back complaints?  | yes | no |
| 9. Do you suffer from epilepsy?  | yes | no |
| 10. Do suffer from any allergies?  | yes | no |

If you have answered yes to any of these questions or if there is anything else you would like us to know, please provide details in the box below. For example, what you carry with you to help if you fall ill (medication / inhaler / epi-pen) and any symptoms to watch out for - information that may assist us to help you appropriately.

## Inclusion and Diversity

What is your ethnic origin? Please X the box that best describes you			
White (British or Irish)	<input type="checkbox"/>	Other black background (please specify)	<input type="checkbox"/>
White other (please specify)	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White and black Caribbean	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White and black African	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	Other Asian (please specify)	<input type="checkbox"/>
Other mixed background (please specify)	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	Other background (please specify)	<input type="checkbox"/>
African	<input type="checkbox"/>		<input type="checkbox"/>

The <b>Disability Discrimination Act</b> describes a disability as “a physical or mental impairment which has a substantial and long term effect upon a person’s ability to carry out normal day to day activities”. Using the definition, please X:			
<b>I would</b>	<input type="checkbox"/>	<b>I would not</b>	<input type="checkbox"/>
<b>consider myself to have a disability</b>			

## Other

<b>Is there any other information you feel we may need to know?</b>

## Declaration

I confirm that the information I have given is true and complete to the best of my knowledge. I understand that the information will be:

- Treated in confidence
- Not shared with a third party without my agreement
- Kept safe within data protection guidelines
- Used only for legitimate business purposes.

I understand my right to ask to see all the information held about me by KCC.

**Signed \***

**Date**

\* If emailing, please type your name.

Completed forms should be returned to [Diane Comley](#) – [Ashford's](#) Countryside Partnership Officer.  
Tel: 03000 410900 / Mobile [07740 185223](tel:07740185223) Email [Diane.Comley@kent.gov.uk](mailto:Diane.Comley@kent.gov.uk)