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**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) | Male | Female | | Non-Binary | \_\_\_\_\_\_\_\_\_\_\_  (fill in the blank) |

**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 yes no

you were not doing physical activity?

1. Do you lose your balance because of dizziness or do yes no

You ever lose consciousness?

1. Do you have a bone or joint problem that could be made yes no

worse by a change in your physical activity?

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) |  | Other black background (please specify) |  |
| White other (please specify) |  | Indian |  |
| White and black Caribbean |  | Pakistani |  |
| White and black African |  | Bangladeshi |  |
| White and Asian |  | Other Asian (please specify) |  |
| Other mixed background (please specify) |  | Chinese |  |
| Caribbean |  | Other background (please specify) |  |
| African |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The **Disability Discrimination Act** 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: | | | | |
| **I would** |  | **I would not** |  | **consider myself to have a disability** |

**Other**

|  |
| --- |
| **Is there any other information you feel we may need to know?** |
|  |

**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 07976 308163 Email diane.comley@kent.gov.uk