**Volunteer Induction Form**

**This must be supplemented by a parental consent form for all volunteers under the age of 18 years.**

**Personal Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any physical or medical conditions or medication that we might need to be aware of e.g. asthma, allergies, etc.? *Please note, you are not required to answer this question, however, if you choose not to, for health and safety reasons, it may limit the range of volunteering activities permitted by the Council.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read the Data Protection & Confidentiality section below and agree to the processing of my health information by the Council for this purpose [ ] Yes [ ] No

Have you had any First Aid or Health & Safety Training within the last 3 years? Yes/No

If yes, please give details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which team(s) are you volunteering with?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When are you able to volunteer?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| a.m |  |  |  |  |  |  |  |
| p.m |  |  |  |  |  |  |  |

How much notice do you need to volunteer?

[ ] One week [ ] 2-3 Days

[ ] 24 Hours [ ] 1-2 Hours

How often are you interested in volunteering?

[ ] Once a Week [ ] Once a Month [ ] Every Few Months

[ ] Occasionally [ ] As and When Required

**Emergency Contact**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Time Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Induction Checklist**

Have you been shown around the site you will be working on? [ ] Yes [ ] No

Have you been introduced to relevant members of staff? [ ] Yes [ ] No

And to other volunteers? [ ] Yes [ ] No

Have you received a copy of the Volunteering Guidance Handbook? [ ] Yes [ ] No

**Health & Safety**

Do you know the Council’s Accident and Emergency Procedures? [ ] Yes [ ] No

Do you know where to find fire extinguishers & emergency exits (if applicable)?

[ ] Yes [ ] No

Do you know which staff /volunteers are nominated first aiders? [ ] Yes [ ] No

**Data Protection & Confidentiality**

We ask you to respect other people’s privacy and keep sensitive information confidential.

We will use the information provided by you to enable you to volunteer for the Council, volunteers will be assisting the Council in delivering services and or tasks which the Council carry out in the interest of the public. The basis under which the Council uses personal data for this purpose is that it is necessary for the performance of a task carried out in the public interest and that it is necessary for compliance with a legal obligation to which the Council is subject to in relation to health and safety.

The information provided by you may include information about your health which is a special category of personal. This information is used by the Council on the basis that you have given explicit consent in accordance with the provisions of the Data Protection Act 2018.

The Data Controller is Gedling Borough Council, Civic Centre, Arnot Hill Park, Arnold, Nottingham NG5 6LU. You can contact the Council’s Data Protection Officer at the above address or by email at [dataprotectionofficer@gedling.gov.uk](mailto:dataprotectionofficer@gedling.gov.uk)

The information provided by you will be shared with the relevant service area of the Council where the volunteering will take place. Your information will only be shared with other areas in the Council where there is a legitimate need to do so. Further information including how long we retain your data, who we share with and your rights can be found on the Privacy Notice at <https://www.gedling.gov.uk/pasc-privacy/>

Declaration.

I, ……………………………………………………….. (*full name in capitals*), wish to volunteer for Gedling Borough Council and commit to the following:

1. To help Gedling Borough Council fulfil its aims of protecting and enhancing the environment, wildlife and heritage features in the Borough;
2. To perform my volunteering role to the best of my ability;
3. To adhere to Gedling Borough Council’s rules, procedures and standards, including health and safety procedures and its equal opportunities policy in relation to its staff, volunteers and clients; and
4. To maintain the confidential information of Gedling Borough Council.

**I confirm that I have read and understood the list of permitted unsupervised task, and the associated risk assessment, attached at Appendix A to this form and agree that I will not undertake any other activity unless supervised and approved by Gedling Borough Council.**

**This agreement is not intended to be legally binding contract between the volunteer and Gedling Borough Council and may be cancelled at any time at the discretion of either party. Neither party intends any employment relationship to be created either now or at any time in the future.**

Volunteer’s signature: ………………………………………

Name: ……………………………………….. Date: …………………………