

# Volunteer - Application Form



## Volunteer Data Protection Act 1998 Consent

PCF ('the organisation') may use the data collected in your volunteer application form to enforce its rights and meet its.

This may include sensitive personal data such as data recorded as part of equal opportunities monitoring processes.

The organisation may monitor and record all uses you make of the organisation's telecommunications systems (including telephone calls and e-mails made, sent or received) during the course of your volunteering for the authorised business purposes permitted under (and in accordance with) the Telecommunications (Lawful Business Practice) (Interception of Communications) Regulations 2000.

These purposes include establishing facts, ascertaining compliance with regulations and codes of practice, ascertaining standards which are or should be achieved by users of the organisation's telecommunications systems, investigating unauthorised use and determining whether communications are relevant to the organisation's business or activities and for preventing or detecting crime.

Accordingly we need your consent to the holding and use of such data by the organisation and the monitoring and (where permitted by the Regulations) recording of such uses of the organisation's telecommunications systems.

I authorise The Peoples Christian Fellowship to process my personal information in accordance with the Data Protection Act, including sensitive personal information and in particular details of my health, equality and diversity information and unspent criminal convictions, for the purposes of volunteering.

Please indicate by placing a tick in the box

Yes  No

**1. 'I hereby confirm that I submit my details for the purposes of expressing my interest in the advertised voluntary positions within PCF.**

**2. I confirm that "volunteer" means a person engaged in an activity which involves spending time, unpaid, doing something which aims to benefit some third party other than or in addition to a close relative; The 1997 Police Act (Criminal Records) Regulations 2002**

**3. I confirm that my details are being submitted on a voluntary basis to PCF with my full consent.**

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**4.** I also acknowledge that an authorised member of PCF staff may contact me, and that the information captured on this form will be processed in alignment with the principles and stipulations of the Data Protection Act.

**5.** I understand that this information may be used for short-listing purposes. I confirm that I understand that the details that I supply will not be shared or distributed with any person or organisation outside the organisation without my consent.

**6.** I also confirm that I understand that the information relating to my potential volunteer involvement is accurate and correct to the best of my knowledge, information and belief.'

**7.** I agree that in the instance that the contact details supplied on this expression of interest form change, or my circumstances, or capability to undertake or commit to work as a volunteer change, I will inform the appropriate PCF Elder, Deacon Pastor, Team Leader or Officer immediately or as soon as it becomes reasonably practicable to do so.'

**8.** I agree that in the instance that there are any concerns with my capability, personal circumstance that conflict with the ethos of PCF church that the pastoral team, officers of the church or team leaders have the right to ask me to stand down from volunteering. And that upon such a request I will do so immediately or as soon as it becomes reasonably practicable to do so.

Name: .....

Signature: .....

Date: .....

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Tell us who you are and how to get in touch with you

|                                   |                      |                             |
|-----------------------------------|----------------------|-----------------------------|
| Full name                         | <input type="text"/> |                             |
| Address<br>(Including Postcode)   | <input type="text"/> |                             |
| Telephone<br>(Including STD Code) | <input type="text"/> | Mobile <input type="text"/> |
| Email address                     | <input type="text"/> |                             |

**Your availability**  
(Please tick as appropriate)

|  |                                                   |                                                   |                                                   |                                                   |                                                   |                                                   |                                                   |                          |
|--|---------------------------------------------------|---------------------------------------------------|---------------------------------------------------|---------------------------------------------------|---------------------------------------------------|---------------------------------------------------|---------------------------------------------------|--------------------------|
|  | <b>Mon</b>                                        | <b>Tues</b>                                       | <b>Weds</b>                                       | <b>Thurs</b>                                      | <b>Fri</b>                                        | <b>Sat</b>                                        | <b>Sun</b>                                        | <b>Totally flexible</b>  |
|  | am pm                                             | am pm                                             | am pm                                             | am pm                                             | am pm                                             | am pm                                             | am pm                                             |                          |
|  | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> |

**Tell us about any volunteering experience or any previous employment you have?**

**What department are you interested in?**  
(Please tick as appropriate)

|                                           |                                           |                                              |                                                   |                                           |                                       |
|-------------------------------------------|-------------------------------------------|----------------------------------------------|---------------------------------------------------|-------------------------------------------|---------------------------------------|
| YPD<br><input type="checkbox"/>           | Bible Academy<br><input type="checkbox"/> | Praise & Worship<br><input type="checkbox"/> | Instrumentalist<br><input type="checkbox"/>       | Admin<br><input type="checkbox"/>         | Welcoming<br><input type="checkbox"/> |
| Evangelism<br><input type="checkbox"/>    | Hospitality<br><input type="checkbox"/>   | Ushers<br><input type="checkbox"/>           | Facilities & Cleaning<br><input type="checkbox"/> | IT<br><input type="checkbox"/>            | Security<br><input type="checkbox"/>  |
| PA/Multimedia<br><input type="checkbox"/> | Sunday school<br><input type="checkbox"/> | Prison Ministry<br><input type="checkbox"/>  | Counselling<br><input type="checkbox"/>           | Football Team<br><input type="checkbox"/> |                                       |

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Use this section to tell us about your skills and interests

Do you have specialist skills, interests or hobbies that you would like to use when volunteering for the department highlighted above?

Are there any particular skills you would like to develop by volunteering with PCF?

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Under the rehabilitation of Offenders Act 1974, do you have any unspent criminal convictions?  
Yes  No

If you have ticked yes, summarise details below. Having a conviction will not necessarily stop you from volunteering, but will need to be taken into consideration when assessing your suitability.

Do you hold a CRB disclosure number ? Yes  No   
If yes what is your disclosure number and when was this given to you?

What age group do you fall into? For insurance purposes you must be at least 14 years of age to volunteer : 14-16yrs  17yrs  18yrs and over

Who can we contact as reference?

Name

Address

Tel Number

Email address

How do you know this person?

Who can we contact in an emergency?

Name

Telephone Number

Relationship

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## Guidance - Information about visas

If you are from the European Union, you are free to volunteer in the UK.

For those from outside the EU, you will need to check that your visa allows you to volunteer. We advise that you contact the UK Borders and Immigration Agency to find out. PCF is not able to sponsor volunteer visas.

Your details will be kept in accordance with the Data Protection Act 1998/2003. They will be held securely and confidentially. Authorised personnel will access them only.

I declare the information I have provided is true.

Name

Signature

Date

### For office use only

Volunteer's start date \_\_\_\_\_

Date H&S training complete \_\_\_\_\_

References collected \_\_\_\_\_

Risk assessment (if sections a and/or d (14-16 or 17) ticked yes you will need to complete one

Parental consent given for under 16 \_\_\_\_\_

Additional notes \_\_\_\_\_

If applicable, passport/visa has been checked by \_\_\_\_\_ Date \_\_\_\_\_