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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | | | |
| **Title:** |  | **Full Name:** | | |  | | |
| **Age:** |  | | | **Phone Number:** | |  | |
| **Full address:** |  | | | | | | |
| **Email Address:** |  | | | | | | |
| **Are you able to drive?** | Yes / No  If yes –   * licence: Cat B (car) * Automatic (car) * Other: | | | | | | |
| **Access to own vehicle?** |  | | **Does your Insurance cover business use?**  (if you were placed in a driving role this would be essential and any cost would be reimbursed) | | | |  |
| **Are you currently:** | * Employed * Self-employed * Unemployed * Retired * Student * Other | | | | | | |
| **Emergency contact:** | Name:  Relationship to you:  Phone Number: | | | | | | |

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| **Safer Recruitment Details** | | |
| Please provide details of one referee – this will be your current/last employer, or a suitable character referee if you are self-employed, unemployed, retired or a student | | |
| **Referee 1 details:** | Name:  Company:  Phone Number:  Email address: | |
| **Referee 2 details:** | **Please only complete this box if you wish to volunteer with either children or vulnerable adults.**  Name:  Company:  Phone Number:  Email address: | |
| **Do you have a current DBS (last 3 years):** | | If yes:   * Children workforce * Adult workforce   Have you subscribed to the DBS Update Service?   * Yes / No |

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| **Volunteering details** | | | | | | | | |
| **What geographical area are you looking to volunteer in?** | | | |  | | | | |
| **What days / times are you available for volunteering?** | | | | Please put an **X** in the boxes below or outline any other availability here: | | | | |
|  | **Monday** | **Tuesday** | **Wednesday** | | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **AM** |  |  |  | |  |  |  |  |
| **PM** |  |  |  | |  |  |  |  |
| **Evenings** |  |  |  | |  |  |  |  |
| **Are you able to speak Welsh or other language?** | | | |  | | | | |
| **Please outline the types of volunteering activities / the area of volunteering you are interested in:** | | | |  | | | | |
| **Is there any assistance or reasonable adjustments you would need from us to facilitate your volunteering?** | | | |  | | | | |
| **Please outline any training, qualifications, skills or experience, you have, which you feel are relevant to the volunteering you are seeking:** | | | | | | | | |
| *E.g.: a degree in Sports Science, work experience of gardening, previously volunteered with Childline, qualified to use Ride On Mowers etc.* | | | | | | | | |
| **Please outline your reasons for seeking volunteering:** | | | | | | | | |
|  | | | | | | | | |

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| **Privacy Notice** |
| Your data will be processed by Carmarthenshire County Council only for the specific purposes of assessing your expression of interest, to appropriately match you to suitable volunteering opportunities, and to ensure your safety whilst volunteering with the Council. The processing of your personal data is necessary in order to take steps at your request prior to entering into a contract/agreement. Carmarthenshire County Council will not share your data with any other organisation.  For further information about how Carmarthenshire County Council processes personal data and your rights please see our privacy notice on our website - [Privacy Notices (gov.wales)](https://www.carmarthenshire.gov.wales/home/council-democracy/data-protection/privacy-notices/#.ZGS_wE_MLrc) |
| **Declaration** |
| By submitting this form, I agree that any information I provide may be used and shared within Carmarthenshire County Council for the above purposes.  By submitting this form, I consent to Carmarthenshire County Council undertaking checks as appropriate to the role applied for.  I certify that the information given within this application form is correct and that I have not omitted or misrepresented any details.  **Signed:**  **Date:** |

Thank you for expressing an interest in volunteering with Carmarthenshire County Council. Someone from the relevant Service will soon be in touch to discuss moving forwards.