**VOLUNTEER APPLICATION FORM**

Thank you for expressing interest in joining the Jersey Brain Tumour Charity team of volunteers.

To enable us to achieve our mission and goals the role of our volunteers is critical and one we really value.

There are many ways you can make a contribution for example:

* Provide practical help, shopping, driving, befriending etc.
* Support and help with our events;
* Committee Member
* Provide Specialist skills
* Build awareness

If you are interested in finding out more or if you have any questions, please feel free to call us on **01534 510867.** If you would kindly complete this Volunteer Application Form and return it either by email to [admin@jerseybraintumour.com](mailto:admin@jerseybraintumour.com) or by post to:

Jersey Brain Tumour Charity

First Floor Office

60 Halkett Place

St. Helier

JE2 4WG

**All our volunteer opportunities are open to applicants aged 16 or over**

*If you have any difficulty in completing this form, please contact us.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Mr/Mrs/Miss/Ms/Dr/Other** | | |  | | | |
| **Name:** |  | | | | | |
| **Address** |  | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | **Post Code:** | |  |
| **Home Tel No:** | |  | | **Mobile Tel No:** | |  |
| **Work Tel No** | |  | | **D.O.B** |  | |
| **Email:** | |  | | | | |

**List any previous or current voluntary experience:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation** | **Position/major responsibility** | **Dates of service (mm/yyyy):** | |
| **From:** | **To:** |
|  |  |  |  |
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**Do you hold:-**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First aid certificate: | | Yes | 🗆 | No | 🗆 | CPR Certified: | Yes | 🗆 | No | 🗆 |
| Bilingual: | | Yes | 🗆 | No | 🗆 |  |  |  |  |  |
| Languages |  | | | | | | | | | |

**Which volunteer roles are you interested in? You can select more than one option.**

|  |  |  |  |
| --- | --- | --- | --- |
| Practical help | 🗆 | Support and help with events | 🗆 |
| Committee Member | 🗆 | Provide specialist Skills | 🗆 |
| Support Worker/Counsellor | 🗆 | Adhoc help at events | 🗆 |
| Help out in the Office | 🗆 | Other | 🗆 |

What attracted you to volunteer for the Jersey Brain Tumour Charity?

How did you hear about us?

Describe any relevant Volunteer/Work experience.

|  |  |
| --- | --- |
| How much time are you able to offer? |  |

Any help you can give is appreciated, you can do as much or as little as suits you.

Please indicate in the grid below which times of the week suit you best to volunteer

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Morning** | **Afternoon** | **Evening** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Weekly | 🗆 | Monthly | 🗆 | Adhoc | 🗆 | Other (please specify) | 🗆 |
|  |  |  |  |  |  |  |  |

Our volunteers wear our branded T-shirts when they are at an event. Please indicate what size you wear.

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|  |

Please provide details of two referees (not relatives) who we can contact as part of the process:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reference 1** | |  | **Reference 2** | |
|  |  |  |  |  |
| **Name:** |  |  | **Name:** |  |
| **Address:** |  |  | **Address:** |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Postcode:** |  |  | **Postcode:** |  |
| **Phone No:** |  |  | **Phone No:** |  |
| **Email:** |  |  | **Email:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you have a close relationship to anyone else in the organisation? | | **Yes** | 🗆 | **No** | 🗆 |
| If yes, please give full details: |  | | | | |
|  | | | | | |
|  | | | | | |

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| --- | --- | --- | --- | --- | --- |
| Have you been convicted of a criminal offence or been made the subject of any order, civil or criminal, by a court of law? | | **Yes** | 🗆 | **No** | 🗆 |
| If yes, please give full details: |  | | | | |
|  | | | | | |
|  | | | | | |

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| --- | --- | --- | --- | --- | --- |
| Do you suffer from any medical condition which may prevent you from carrying out volunteer activities? | | **Yes** | 🗆 | **No** | 🗆 |
| If yes, please give full details: |  | | | | |
|  | | | | | |
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| --- |
| If yes, is there anything we need to know about your disability, or support needs in order ensure you have equality of opportunity? |
|  |
|  |

**CERTIFICATIONS AND PERSONAL DATA CONSENTS**

Please read the following section carefully.

1. **Certifications**

* I certify that to the best of my knowledge the information given in this application is factually correct.
* I understand that any false information may result in me being asked to stop volunteering for JBTC.
* I have not knowingly withheld information that may be to the detriment of JBTC.
* I give consent for JBTC to take up references at any point during this application.
* I agree that any information contained in this form may be confirmed in whatever manner is considered necessary, including by the Criminal Records Bureau, if I am accepted as a Volunteer for JBTC.
* I understand that no contract exists between myself and JBTC.

**JBTC complies with the CRB Code of Practice, a copy of which can be provided on request.**

**.**

**JCC 136 - AJC 388 - NPO 0774**

1. **Personal Data Consents**

Under the Data Protection (Jersey) Law 2018 we need you to confirm with your signature the following things so that we can show we are allowed lawfully to collect and process your information in this form. If you have any questions then it is very important that you raise them with us before signing this form.

* I confirm that I have read and understood the attached client privacy policy.
* I confirm that I am over 13 years old.
* I confirm that I consent to the collection of my personal data in this form and its use in accordance with the attached privacy policy.
* I confirm that I consent to the collection of my sensitive personal data in this form and its use in accordance with the attached privacy policy.
* I confirm that I understand that I have the right to withdraw my consent by contacting you at: The Jersey Brain Tumour Charity, First Floor Office, 60 Halkett Place, Jersey JE2 4WG. Email: data@jerseybraintumour.com or telephone 01534 510867

**By signing this form I confirm the above,**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SIGNED** |  | **DATE** |  | |
|  |  |  | |  |

**CLIENT – VOLUNTEER PRIVACY POLICY**

At The Jersey Brain Tumour Charity we are committed to keeping your personal information safe and being clear about what we do with it.  We will only use your personal information in accordance with all applicable laws concerning the protection of personal information and not to do anything with your information that you wouldn’t reasonably expect.

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* WHERE AND WHEN WE COLLECT YOUR DATA
* WHAT PURPOSES USE YOUR PERSONAL DATA FOR
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**INTRODUCTION**

We gather and use certain information about our supporters and fundraisers in order to provide a service to them, and to enable certain functions on this website. We also collect information to better understand how visitors use this website and to present timely, relevant information to them. We have written this policy in accordance with the Data Protection (Jersey) Law 2018.

**CONTROLLER**

The Jersey Brain Tumour Charity is the identified controller. You can send any subject access requests at any time by contacting us at: The Jersey Brain Tumour Charity, First Floor Office, 60 Halkett Place, Jersey JE2 4WG. Email: data@jerseybraintumour.com or telephone 01534 510867.

**WHAT DATA WE COLLECT**

We collect data when you interact with us in order to ensure that we provide you with support that is appropriate to your circumstances.

**We collect two kinds of data**

1.Personal data. We will ask you for information in order to provide you with the support requested, for example to send you information or refer you to a third party care or support provider.

2. Sensitive personal data. We may ask you for information about your health, for example,   
the type of brain tumour you are living with, so that we can provide you with relevant information and support or in order to support your safe participation in an event.

**WHERE AND WHEN WE COLLECT YOUR DATA**

When you fill in a form or provide your details when you sign up to become one of our clients or one of our volunteers.

We will not contact you for any purpose other than for what you have opted in.

If you are 13 or under, you must get your parent’s/guardian’s permission before you provide us any personal information.

**WHAT PURPOSES WE USE YOUR PERSONAL DATA FOR**

* We use your personal data and sensitive personal data to give you the information, support, service or products you ask for.
* We use your personal data and sensitive personal data to keep records of your relationship with us and for internal administrative purposes (such as our accounting records), and to let you know about changes to our services or policies.
* We use your personal data and sensitive personal data to look into and respond to, complaints, legal claims or other issues.
* We use personal data and sensitive personal data to carry out statistical analysis and research in order to help us to understand how we are performing and how we can improve our services and meet the needs of people that require our help.
* We may also use your personal data and sensitive personal data for other purposes which we will specifically notify you about and where appropriate, obtain consent.

**LAWFUL BASIS**

Where our processing is based on consent, you may wish to withdraw your consent by unsubscribing from our service or us at The Jersey Brain Tumour Charity, First Floor Office, 60 Halkett Place, Jersey JE2 4WG. Email: data@jerseybraintumour.com or telephone 01534 510867.

In other circumstances, information is gathered on a legitimate interest or contract basis in order for us to provide our services to you.

**HOW LONG WE HOLD DATA**

We will retain your personal data for as long as necessary to fulfil the purpose for which it was collected. Where data is processed on the basis of consent you can unsubscribe at any time and subscribe with a new email address if you want to change details.

**DATA SECURITY**

We use up-to-date storage and security techniques to protect your personal information from unauthorised access, improper use or disclosure, unauthorised modification or lawful destruction or accidental loss. To prevent unauthorised disclosure or access to your information, we have implemented strong physical and electronic security safeguards. Only authorised members of staff have access to our online records. These records are password protected and require double authentication.

Our third party suppliers store data in the EU. Where we engage with organisations outside of the EU, we will endeavour to ensure that the processing of your data is subject to appropriate security measures. Both of our current suppliers adhere to the EU-US Privacy Shield – you can find out more: https://www.privacyshield.gov/welcome.

**THIRD PARTIES**

We will only ever share your information with your permission, for the purposes we have stated (unless required to do so by law).

**DATA SHARING AND DISCLOSURE**

We will never lease, distribute or sell your personal information to third parties unless we have your permission, or the law requires us to. All clients and volunteers have the right to access the information we hold relating to them. We will take reasonable steps to ensure that this information is kept up-to-date by asking clients and volunteers if there have been any changes.

**YOUR RIGHTS**

We will respect Data Protection Rights under the Data Protection (Jersey) Law 2018, so clients and volunteers will have the right to obtain:

1. confirmation that their data is being processed
2. access to their personal data and other supplementary information
3. the purposes of the processing
4. the categories of personal data concerned
5. the recipients or categories of recipient to whom the personal data has been or will be disclosed, in particular recipients in third countries or international organisations;
6. where possible, the envisaged period for which the personal data will be stored, or, if not possible, the criteria used to determine that period
7. the existence of the right to request from the controller rectification or erasure of personal data or restriction of processing of personal data concerning the data subject or to object to such processing
8. the right to lodge a complaint with a supervisory authority
9. where the personal data is not collected from the data subject, any available information as to its source
10. the existence of automated decision-making, including profiling, referred and, at least in those cases, meaningful information about the logic involved, as well as the significance and the envisaged consequences of such processing for the data subject.

**CONCERNS OR QUERIES**

If you have any questions relating to this policy or data protection within, please contact us at: The Jersey Brain Tumour Charity, First Floor Office, 60 Halkett Place, Jersey JE2 4WG. Email: data@jerseybraintumour.com or telephone 01534 510867.