

Volunteer Application Form

Personal Details

Name						Title	
Address						Postcode	
Home Phone			Work Phone		Mobile		
DOB							
E-Mail Address							

Volunteering Opportunities

Please tick one or more of the boxes below to indicate which volunteer roles you are interested in

Sight Matters		News Service	
<input type="checkbox"/>	Administration	<input type="checkbox"/>	Reader
<input type="checkbox"/>	Reception	<input type="checkbox"/>	Copier
<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Dispatcher
<input type="checkbox"/>	Audio Library	<input type="checkbox"/>	
<input type="checkbox"/>	Lunch Groups	Driving	
<input type="checkbox"/>	Befriending	<input type="checkbox"/>	Own Vehicle
<input type="checkbox"/>	Minibus Escort	<input type="checkbox"/>	Minibus (must be over 25)
<input type="checkbox"/>	Entertainer	Sports Activities	
<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Walking
<input type="checkbox"/>	DIY/Basic Maintenance	<input type="checkbox"/>	Shooting
<input type="checkbox"/>	Catering	<input type="checkbox"/>	Bowling
<input type="checkbox"/>	IT Trainer	<input type="checkbox"/>	Tandem Bike
<input type="checkbox"/>	Guide Dog Walker	Shop	
<input type="checkbox"/>	Guide Dog Boarder	<input type="checkbox"/>	Retail assistant
<input type="checkbox"/>		<input type="checkbox"/>	Delivery driver

Availability

Please let us know of your availability for volunteering

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Your Health

Do you suffer from any health conditions that may affect your volunteering? Yes/No

If yes, please provide further details below

This information will be used in discussion with you concerning any duties you may perform

Personal Interests & Relevant Experience

Please list your personal interests and any relevant experience, qualifications or skills which may prove useful in a voluntary role

Driving

If you are able to drive for the Society:

a) Do you hold a full clean driving licence?

b) Have you had a driving accident in the last five years?

c) Are you prepared to transport members on occasions in your own car?

d) Would you be willing to drive the Society's mini bus or car?

If the answer to a) and/or c) is yes, we will need to ensure that you have it noted with your insurance company that you are a volunteer for MBWS. We have a form for the insurance company to stamp that we will provide. This would need to be returned before transporting any visually impaired person in your own vehicle.

Convictions

Through the 1975 Exemptions Order of the Rehabilitation of Offenders Act 1974, and by virtue of the nature of the post for which you are applying working with vulnerable adults, we are obliged to ask the following questions. Any information supplied by you will remain confidential and considered only in relation to this application

With the exception of minor motoring offences, have you ever been convicted of any criminal offence by a Court of Law?

Have you ever been convicted of abuse or have been the subject of any investigation or enquiry into abuse or other inappropriate behavior?

(If yes to either of these questions we will ask you for more information)

Person to Notify in Case of Emergency

Name	
Phone	
Relationship	

How Would You Like To Receive Information From Us?

Tick 'yes' to choose the way/s in which you would like to hear about our services, campaigns and events, and about the ways in which you can support our life changing work

Post	Yes ()	No ()
Phone	Yes ()	No ()
Email	Yes ()	No ()
Text message	Yes ()	No ()

Our Commitment to Keeping Your Personal Details Secure

All the information given is confidential to Sight Matters, the Isle of Man Fund for the Blind and the VIP Store and will not be used for any other purpose without your express consent.

We will never share your information with a third party.

Should you wish to have your details removed from our system please notify us in writing.

Agreement and Signature

Maintaining confidentiality is a very important aspect of our work for both your protection and that of the members and in signing this form it is accepted that you understand and agree to this

By submitting this application, I affirm that the facts set forth in it are true and complete.

I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my volunteering role being terminated.

Name (printed)	
Signature	
Date	

Thank you for your application.

If you would like this form in large print or braille, or

References

Please provide the names and addresses of two individuals who will be prepared to provide a short character reference on your behalf.

This page will be destroyed on receipt of the references

Name	
Address	
Relationship to you	
Name	
Address	
Relationship to you	