



Volunteer Application Form

Thank you for your interest in volunteering for the Kent Surrey & Sussex Air Ambulance Trust

The information you provide is strictly confidential. We welcome applications from people of all abilities, backgrounds and communities. The Kent, Surrey & Sussex Air Ambulance Trust (KSSAAT) abides by the Data Protection Act 1998 and operates an Equal Opportunities & Diversity Policy. Your signature gives us consent to hold the details on this form on a database for volunteering purposes only. You have the right to make a formal request in writing for access to personal data held about you to inspect it and have it corrected if it is wrong.

CONFIDENTIAL

Personal details

Title (Mr /Mrs /Miss etc.) _____ First name _____

Surname _____ Male Female

Address _____

Postcode _____

Telephone no. (day) _____ (evening) _____

Mobile no. _____ Email _____

Date of Birth _____

Do you have any health or accessibility problems of which we should be aware? Yes No

If yes, please give details _____

Emergency contact _____ Relationship _____

Emergency contact telephone _____

Your volunteer role

How did you hear about volunteering opportunities for the Trust? _____

Why are you interested in volunteering for the Trust / What do you want to gain from this volunteer experience?

What skills/ qualities/ experience could you bring to the Trust? _____

I am interested in the following role(s)

Event steward Public speaker Office helper Store/street collector Cheque presentation representative

Exhibition trailer driver Mascot wearer Collection box agent Driver Raffle ticket sales representative

Your availability

At what times are you available for volunteering? (please tick all that apply)

Flexible Weekdays Weekends Mornings Afternoons Evenings

How much time do you have to offer? (e.g. once a fortnight, adhoc, short term) _____

What is your current employment status? Employed Retired Unemployed Student

Other availability details _____



Volunteer Application Form

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References

Please provide details of two referees who we may ask for a reference. Your referees must not be directly related to you by blood, marriage or partnership and should have known you for at least three years.

Name _____

Name _____

Address _____

Address _____

Postcode _____

Postcode _____

Telephone no. _____

Telephone no. _____

Email _____

Email _____

Relationship to you _____

Relationship to you _____

Criminal convictions

Have you been convicted of a motoring offence in the last five years? Yes No

If yes, please explain the nature of the offence _____

Do you have any criminal convictions / cautions or any pending? Yes No

If yes, please explain the nature of the crime and the date of the conviction and disposition _____

(declaration subject to the Rehabilitation of Offenders Act 1974 - Conviction of a crime is not an automatic disqualification for volunteering)

Personal Declaration

Please read the following carefully before signing this application:

This form requests that you provide us with both personal data and sensitive personal data. Sensitive personal data includes, but is not limited to, information related to your health, racial and ethnic origin and criminal convictions. By providing us with any personal data and sensitive personal data, you agree that The Kent, Surrey & Sussex Air Ambulance may hold and use your data to consider your suitability to be a volunteer, manage your role as a volunteer and to keep in touch with you. This information, including the information contained in this form, can be stored by us on both manual and computer files. It will be held securely and only accessed by authorised personnel within The Kent, Surrey & Sussex Air Ambulance or, exceptionally, provided to third parties where required by law (e.g. to government bodies and law enforcement agencies).

By submitting this form I agree to abide by the Kent, Surrey & Sussex Air Ambulance policies and guidelines made available to me. I will notify the charity of any changes in circumstances that may affect my volunteering. I agree to The Kent, Surrey & Sussex Air Ambulance contacting and requesting a reference from the referees referred to above. I acknowledge that I am volunteering entirely at my own risk and that The Kent, Surrey & Sussex Air Ambulance shall not be liable in any way for any injury or loss that might cur as a result of my activities other than as a result of The Kent, Surrey & Sussex Air Ambulances negligence.

I confirm that the answers that I have provided on this form are true and correct.

Name (please print) _____

Signature _____ Date _____



Equal Opportunities Monitoring Form

It is the policy of Kent, Surrey & Sussex Air Ambulance to treat all volunteers equally and fairly regardless of their gender, marital status, race, colour, nationality, ethnicity, religion, age, or disability.

We should be grateful if you would complete this form in order to help us to understand the range of people we are reaching and serve everyone in our community better. The information will be used to provide an overall profile analysis of our volunteer base, and will be treated confidentially and held in accordance with the Data Protection Act 1998.

Personal Details

Name _____ Date of Birth _____

Gender

Male

Female

Ethnic Origin

White

British

Irish

Other

Black or Black British

African

Caribbean

Other

Mixed

White & Black Caribbean

White & Black African

Other

Asian or Asian British

Pakistani

Indian

Other

Disability

The Equality Act 2010 defines disability as "a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities".

Do you consider yourself to have a disability?

Yes

No

Thank you for completing this form.