

Volunteer welfare information



The Conservation Volunteers (TCV) are committed to providing a safe, healthy and inclusive working environment for all its volunteers. We expect you, the volunteer, to contribute positively to this environment by respecting our policies, procedures and working practices. Please complete the personal information requested below so we can establish your health and welfare needs and improve your volunteering experience. In compliance with the Data Protection Act 1998, your information will be kept on a secure database and will not be provided to any third party. (*Mandatory information for volunteering)

YOUR DETAILS

1.* First name

2.* Last name

3.* Female Male Prefer not to say

4.* Address

5.* Postcode

6.* Telephone / mobile

7.* E-mail

8.* Date of Birth

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9. I would prefer you not to contact me

YOUR EMERGENCY CONTACT DETAILS

10. *First name

11. *Last name

12. *Relationship to you

*Telephone/ mobile:

13. Daytime

14. Evening

TCV welcomes volunteers from a wide range of backgrounds. TCV has a duty of care to its volunteers, staff and the wider community. For this reason, we are unable to offer volunteering opportunities to anyone who has unspent criminal convictions for a sexual or violent offence.

15. *Do you have any unspent criminal convictions for sexual or violent offences?

Yes No Don't know

16. "I am involving myself of my own free will and declare that to the best of my knowledge the information given is correct and I know of no reason why I should not participate. I consent to the personal details supplied on this form being used by TCV for the purposes outlined, including monitoring and evaluation. I consent to follow TCV's policies and procedures when involved in their projects"

* (Please tick)

17. *In order to celebrate the work of our volunteers we often take photographs of our activities. Are you happy for us to use photographs of you for the purposes of publicity and other reports?

Yes No

Signature

Date

YOUR HEALTH AND WELFARE

To help us plan your First Aid and welfare provision please answer the following:

18. *Do you have any physical or mental health condition or illness lasting or expecting to last for 12 months or more?

Yes No

19. If Yes, please write in below

(Please Turn Over)

20. *Is there any work you may find difficult for health reasons?

Yes No

21. If Yes, please write in below

22. *Is there any information we may need to ensure your safety? (e.g. Medication we should be aware of, colour blindness, food allergies, hearing impairment)

Yes No

23. If Yes, please write in below

24. *I understand that it is advisable to have protection against tetanus when working outdoors

(please tick)

YOU AND THE CONSERVATION VOLUNTEERS

25. HOW YOU HEARD ABOUT US

(please tick all that apply)

- Internet (please specify) _____
- Word Of Mouth
- Newspaper/Magazine
- Poster / Leaflet
- Other (please specify) _____

26. Did any organisation recommend this project for you personally and suggest you attend?

Yes No

27. If yes, which of the following:

- Social services
- NHS (eg. Your doctor or nurse)
- Employment organisation (eg. Jobcentre)
- Training organisation (eg. School, College or University)
- Volunteering agency
- Other (please specify) _____

28. Please tell us the name of the organisation that recommended this project to you

29. Are you on a corporate volunteering programme?

Yes No

30. If Yes, please tell us the name of your employer

31. Have you volunteered for any other organisation in the last year?

Yes No

EQUAL OPPORTUNITIES

The Conservation Volunteers aim to provide a working and volunteering environment in which everyone feels equally valued. We strive to meet this aim by continually monitoring our work and you can help by telling us a bit more about yourself. Please tick one box in each of the following sections.

YOUR EDUCATION

32. Out of the following options, which best describes your highest level qualification?

- Degree, or degree equivalent and above
- Other educational qualification for which you received a certificate (e.g. GCSEs, A 'Levels, Highers)
- Any professional, vocational or other work related qualification for which you received a certificate (e.g. City & Guilds, NVQs, SVQs)
- No qualification

33. YOUR ECONOMIC ACTIVITY (please tick one)

- Employed
- Self employed
- Unemployed
- Student
- Retired
- Looking after home/ family
- Long term sick or disabled
- Other (please specify) _____

34. Do you care for someone in your family who is disabled or has a long term illness?

Yes No

35. Are you the parent or guardian of a minor (under the age of 16)?

Yes No

36. YOUR CULTURAL BACKGROUND (please tick one)

- White British
- White Irish
- White Other _____
- Mixed - White and Black Caribbean
- Mixed - White and Black African
- Mixed - White and Black Asian
- Mixed - Other _____
- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Asian or Asian British - Bangladeshi
- Asian or Asian British - Chinese
- Asian or Asian British - Other _____
- Black or Black British - African
- Black or Black British - Caribbean
- Black or Black British - Other _____
- Arab
- Other (please specify) _____
- Prefer not to say

37. YOUR SEXUAL ORIENTATION (please tick one)

- Heterosexual / Straight
- Gay / Lesbian
- Bisexual
- Other
- Prefer not to say

Thank you for giving us your information

**Please hand this form back to your
Project or Volunteer Leader**