Volunteer Registration Form

**REGISTRATION**

**Section 1 – Volunteer Contact Details**

Forename

|  |
| --- |
|  |

Surname

|  |
| --- |
|  |

Date of birth

|  |
| --- |
|  |

Address

|  |
| --- |
|  |
|  |
|  |
|  |
| postcode |

Phone number

|  |
| --- |
|  |

Email Address

|  |
| --- |
|  |

**Section 3 – Organisation details** *(optional) if you run out of space you can add more details on a separate sheet*

Organisation Name

|  |
| --- |
|  |
|  |

Address

|  |
| --- |
|  |
|  |
|  |
|  |
| postcode |

Volunteer Role(s)

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

Volunteer Supervisor’s Name

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Contact Phone Number |  |

[www.voluntaryactionshetland.com](http://www.voluntaryactionshetland.com)

|  |  |
| --- | --- |
| Start Date |  |

**Section 2 – About You**

Are you currently volunteering? Yes No

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |
| --- | --- |
| Completed Volunteer Hours | hrs |

Name of School or college (if appropriate)

|  |
| --- |
|  |

**Section 4 – Consent**

**Please read the privacy statement on the last page of this form before continuing:**

I consent to my information being used as described in the privacy notice

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  |  |  |

I confirm that the information provided in this form is correct.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  |  |  |

Please sign below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

Signature of Volunteer (all volunteers to sign)

|  |  |
| --- | --- |
|  | Date |
|  |

Signature of Volunteer Supervisor (all volunteer supervisors to sign)

|  |  |
| --- | --- |
|  | Date |
|  |

Signature of Parent/Guardian (if volunteer 16 or under)

|  |  |
| --- | --- |
|  | Date |
|  |

**For Official Use: VAS to complete**

|  |  |  |
| --- | --- | --- |
| Date registration form received from  organisation |  | |
|  | |
| If young person volunteers at more than one  Organisation please tick box  Consent and required signatures provided | |  |
|  |
|  |
|  |

**REGISTRATION FORM**

Volunteer Registration Form Notes

**COMPLETION NOTES**

**Purpose of the form:** The form is used to register you for the Saltire Awards.

In order to work towards the Saltire Awards you need to register with your local Third Sector Interface (TSI) Voluntary Action Shetland. This organisation is responsible for Saltire Awards in Shetland and will send you certificates. Please provide as much information as possible. You must provide consent to us using your information in the ways that we describe. If you do not provide consent we cannot keep your personal information or register you for Saltire Awards.

|  |
| --- |
| **Organisation Guidance:** To register a volunteer for the Saltire Awards this form must be completed.  The form should then be passed to the local TSI Voluntary Action Shetland once the volunteer has agreed to pass their details on. |

**Please retain a copy of the registration form**

|  |  |
| --- | --- |
| **Date:** | Please insert the date that the form is completed. |
| **Currently Volunteering:** | This is ‘yes’ if they are already volunteering for an organisation or in school. |
| **Hours Completed:** | Please insert number of hours volunteered to date – if known |
| **Education** | If attending school, college, university or other education institution please include its name |
| **Organisation Details:** | Please ask the volunteer to complete this section for their details to be passed to the Volunteering Team for registration. |
| **Consent:** | Please ask the volunteer to read the privacy statement (see below) and to complete this section in order for their personal details to be passed to the TSI for registration. |
| **Signature:** | Physical signatures are required.  This form must be signed by the volunteer, their parent or guardian (if aged 16 or under) and their volunteer supervisor. |

**Privacy statement**

This registration form asks for your consent to allow us to use your personal data for the reasons stated below. You should only complete it, select the consent ‘tick box’ and sign it if you want to give us your consent.

**Who are we?** The name of the organisation asking you for consent to use your information is Voluntary Action Shetland. Voluntary Action Shetland is the TSI responsible for supporting the Saltire Awards in Shetland.

**We would like to use the following information about you:** Name; date of birth; address; telephone number; mobile phone number; name of the school, college, university or other education body you go to (if applicable); and your email address.

**Why would we like to use your information?** We will use your information to recognise you for the volunteering you do by issuing personalised Saltire Awards certificates to you.

**What will we do with your information?** Here at Voluntary Action Shetland we take your privacy seriously and will only use your personal information to administer your account and may include helping us to find a volunteering opportunity to suit you and also to allow us to monitor the quality of our service. Your personal details will only be shared with Volunteer Involving Organisations with your permission unless it is necessary to do so to comply with the law or with police investigations.

**How to withdraw your consent:** You can withdraw the consent you give in this registration form at any time. You can do this by contacting Voluntary Action Shetland [vasvolunteering@shetland.org](mailto:vasvolunteering@shetland.org) or on 01595 743911.

**More information**: More information about what we will do with your information and your rights is available in our here

https://www.voluntaryactionshetland.com/resources/data-protection-policy

**PLEASE RETURN TO VAS VOLUNTEERING**

**EMAIL:** [**VASVOLUNTEERING@SHETLAND.ORG**](mailto:VASVOLUNTEERING@SHETLAND.ORG)

**MAIL OR DROP OFF: MARKET HOUSE, 14 MARKET STREET, LERWICK, ZE1 0JP**