

CARLISLE COUNTRYSIDE VOLUNTEERS REGISTRATION FORM– CARLILSE CITY COUNCIL

FULL NAME:

ADDRESS:

POSTCODE: EMAIL:

HOME TELEPHONE NO : MOBILE NO:

DATE OF BIRTH:/...../.....

CONTACT PERSON AND NUMBER IN CASE OF EMERGENCY:

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All information provided will be treated as confidential and stored and processed in accordance with the Data Protection Act 1998

Carlisle City Council is committed to ensuring that all reasonable steps are taken to provide for the health & safety of its volunteers. Volunteers are also responsible for their own health & safety and have a duty to inform Carlisle City Council of any health condition that may affect their liability to carry out their voluntary duties.

1. Please give details of any medical condition that you feel that we should be aware of.
2. Do you have any special needs that you feel should be given consideration?
3. Have you been referred to the Countryside Volunteers by a Mental Health organisation?
If so which one?

Please note that all volunteers referred to the Countryside Volunteers must be accompanied to every session by their key person.

4. Is there any other additional information that we need to know about that may affect your volunteering?

Please complete and sign the Volunteer Code of Conduct overleaf

Volunteer Code of Conduct

Purpose of this code of conduct

- To contribute towards a safe, constructive and pleasant atmosphere in which to volunteer.
- To ensure that all volunteers know what behaviour they have a right to expect from other volunteers and the volunteer leaders.
- To ensure that all volunteers know what behaviour is expected of them whilst volunteering for Carlisle Countryside Volunteers

Both volunteers and volunteer leaders will:-

- Treat other people fairly and equally
- Not discriminate unlawfully against any person
- Allow others to express themselves and understand that all views are important even if those views are not the same as their own.

Health and Safety

- All volunteers should disclose any medical conditions (both physical and mental) that may affect their ability to carry out tasks safely. All information disclosed will be treated as confidential and in accordance with the data protection act 1998.
- Wear appropriate Personal Protective Equipment as instructed by the volunteer leader
- Listen to and adhere to the volunteer leaders instructions
- Ask the volunteer leader if in doubt about any of the instructions – as many times as is needed.
- Let the volunteer leader know of any changes to your personal information

Signed by volunteer

Signed on behalf Carlisle City Council

**THANK YOU FOR YOUR INTEREST IN VOLUNTEERING
AND FOR COMPLETING THIS FORM.**

Please return this application form to:

**Cath Gregory
Greenspaces Officer
Carlisle City Council
Civic Centre
Carlisle
CA3 8QG**

