**Volunteer Application Form**

Please fill in using block capital letters and send completed form to volunteering@dkms.org.uk

Surname………………………………… First Name(s)………………………………….

Title ………… Known As …………… Date of Birth ……………… Gender……………

Address …………………………………………………………………………………………………

…………………………………………………………………Postcode……………………………...

Telephone Number…………………………… Mobile Number ………………………………….

Email Address …………………………………………………………………………………………

Emergency Contact Name ……………………………………………………………………………

Relationship To You ………………………………. Telephone Number ………………………….

How did you find out about DKMS UK volunteering opportunities? (Please tick)

|  |  |  |  |
| --- | --- | --- | --- |
| Leaflet / poster  |  |  Local organisation |  |
| Library / community centre |  |  Event / drop-in |  |
| From a friend / family member |  |  Online search |  |
| Social media |  |  Other (please specify) |  |

……………….…………….

Why would you like to volunteer with DKMS? (Please tick all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| I am a patient/ stem cell recipient |  |  Make use of existing skills |  |
| I am a stem cell donor |  |  Personal growth/ work experience |  |
| Relative of a patient/stem cell recipient |  |  Give something back  |  |
| Friend of a patient/stem cell recipient |  |  Other (please specify) |  |

……………….…………….

Please indicate your availability:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | MON | TUE | WED | THUR | FRI | SAT  | SUN |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |
| EVE  |  |  |  |  |  |  |  |

1.Do you have any health issues, disabilities or additional support needs we should be aware of?

2. Please indicate which volunteer role or activity you would be interested in.

|  |  |  |
| --- | --- | --- |
| A specific role I have seen advertised.  |  |  The role is ………………………… |
| I would like to join an existing hub. |  |  Hub location…………………...…... |
| I would like to create a new hub |  |  Region / location …………………. |

 Please tick all the roles that would appeal to you

|  |  |  |  |
| --- | --- | --- | --- |
| Donor Registration Helper |  |  Admin or office tasks |  |
| Donor Drive Helper |  |  Media or Communications |  |
| Volunteer Hub Leader  |  |  Charity Champion |  |
| Volunteer Hub Finance Contact  |  |  Digital Community Champion |  |
| Volunteer Hub Administrator |  |  Donor Club Volunteer |  |
| One-off volunteering opportunities |  |  Other (please state) |  |
| Blood Cancer Awareness champion |  |  ……………….……………. |  |

3. Please tell us about any skills, qualities and experience relevant to the role you are applying for, using the Volunteer Role Description to help shape your answer.

4. Please tell us why you would like to volunteer for DKMS and why you feel the role would be of benefit to you.

**REFERENCES** - It is standard policy for all organisations working with volunteers to obtain two references. We would be grateful if you could supply the names of two people (one of whom you must know in a professional capacity) who we could approach with your permission.

Reference One

|  |  |
| --- | --- |
| Name |  |
| Relationship to you |  |
| Address  |  |
| Telephone  |  |
| Email  |  |

Reference Two

|  |  |
| --- | --- |
| Name |  |
| Relationship to you |  |
| Address  |  |
| Telephone  |  |
| Email  |  |

**Let’s keep in touch**

We would love to keep in touch with you, to share news about our work, updates about our patients and offer you further opportunities to help with our mission, such as fundraising. Are you happy to hear from us by:

Email Telephone Text message Post

Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □

**Rehabilitation of Offenders Act 1974**

If your volunteering role falls within the Rehabilitation of Offenders Act 1974 or is a specified or regulated activity, we will require you to do a DBS check. We welcome volunteer applications from everyone. Having a criminal record will not necessarily exclude you from volunteering with us and your application will be dependent on the nature of the offence and the position applied for.

**Privacy notice**

DKMS Foundation UK complies with European Union General Data Protection Regulation 2016 and the UK Data protection act 2018. Personal data you have given in your volunteer application form will be processed for the following; for the administrative purpose to support and manage your volunteering role, for compliance with legal obligation to which we are subject to, or in our legitimate interests. We may share your personal data within the DKMS Group of companies and third parties that perform services on our behalf and under our instruction as a data processor. We do not sell or rent your data to any other companies or organisations. We will under no circumstances use your data without your agreement for any other purposes for which you have not given your consent. By signing this form, you agree to us recording your details on our database so that we can provide you with the best possible support every time you contact us. We will also keep you up to date from time to time about our work and how you can get more involved with our team.

You have the right to withdraw your consent to us holding your personal details at any time by informing us that you wish to do so, by emailing us at dataprotection@dkms.org.uk or write to DKMS, Ashburnham House, Horticultural Place, Chiswick, W4 4JQ.

**Declaration**

I declare that to the best of my knowledge, the information I have given is complete and accurate and confirm that it may be processed and handled by DKMS Foundation UK under the principles of the UK Data Protection Act 2018.

I confirm I am over the age of 18 and understand this agreement to volunteer for DKMS Foundation UK is binding in honour only and is not intended to be a contract of employment.  DKMS has permission to contact the referees I have provided (if applicable) and my volunteering with DKMS Foundation UK is subject to the references being satisfactory.

Signed: ………………………………………………. Date: …………………….

Print Name: ………………………………………………………