

# **Volunteer Application Form**

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

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 volu	inteering 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							
РМ							
EVE							

DKMS, Ashburnham House, Castle Row, Horticultural Place, London W4 4JQ. Tel: 0208 747 5657 Email: volunteering@dkms.org.uk web: www.dkms.org.uk



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.
  - I would like to join an existing hub.
  - I would like to create a new hub

The role is
Hub location
Region / location

Please tick all the roles that would appeal to you

- Donor Registration Helper
- Donor Drive Helper
- Volunteer Hub Leader
- Volunteer Hub Finance Contact
- Volunteer Hub Administrator
- One-off volunteering opportunities
- Blood Cancer Awareness champion

Admin or office tasks	
Media or Communications	
Charity Champion	
Digital Community Champion	
Donor Club Volunteer	
Other (please state)	

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 <u>dataprotection@dkms.org.uk</u> 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: .....

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