Thank you for your interest in volunteering for Your Voice Counts.

We’re committed to processing information in accordance with the General Data Protection Regulation (GDPR).  The personal data collected on this form will be held securely and will only be used for administrative purposes. Should you be successful, we will hold your data for 6 years after you conclude volunteering with Your Voice Counts. Should you be unsuccessful, we will hold your details for 6 months.

Your rights

You have the right to request to see a copy of the information we hold about you and to request corrections or deletions of the information that is no longer required. You also have the right to withdraw your consent. You can do so using the contact details below.  You can also use these details if you have any questions about this form, the way we are planning to use your information or any queries relating to data protection.

Contact details

Jenny Linn-Rohde (Operations Manager) jenny.rohde@yvc.org.uk

|  |  |
| --- | --- |
| Which volunteer role are you applying for? |  |
| Please give details of your availability for the post (hours, days of week etc) |  |
| Name |  |
| Address |  |
| Telephone number |  |
| Email address |  |
| Preferred method of communication |  |
| Do you consider yourself to have a disability? |  |
| Please give details of any extra support you might need when volunteering for Your Voice Counts |  |
| Where did you hear about Your Voice Counts? |  |
| Why would you like to be a volunteer for Your Voice Counts? |
|  |
| Please tell us about any experience you have of working with vulnerable people (and/or people with learning disabilities and/or autism if relevant to role)  |
|  |
| Please tell us about any additional skills or interests you feel may be beneficial to the role |
|  |
| Please give details of 2 people who would be willing to act as references for you |
| Reference 1: Name |  |
| Relationship/role |  |
| Address |  |
| Email address |  |
| Telephone number |  |
| Reference 2: Name |  |
| Relationship/role |  |
| Address |  |
| Email address |  |
| Telephone number |  |

I consent to Your Voice Counts using my data in the way outlined on this form

Signed ……………………………………………

Date ……………………………………………

Please note that successful applications will be subject to an enhanced DBS check.

**Please return this form to** **volunteers@yvc.org.uk** **or Your Voice Counts, Unit 12 Interchange Centre, West Street, Gateshead, NE8 1BH**