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www.remap.org.uk



Volunteer Application Form

Thank you for your interest in joining Remap. We really appreciate the help our volunteers give us. In order to match you with an appropriate role, please complete the following sections carefully:

Contact details

Title: _____ First name: _____

Surname: _____

Address: _____

Postcode: _____

Are you over 18? Yes No

Telephone: _____

Mobile: _____

Email: _____

In an emergency, who would you like us to contact?

Name: _____

Relationship: _____

Contact number: _____

Role matching information

Please indicate which area(s) you would be interested in helping us with. If you are applying for a specific role, please state the role title and location.

I am applying for an advertised role:

Title: _____

Location: _____

- Make equipment (*woodwork, metalwork, electronics*)
- Offer medical advice (*occupational therapy, physiotherapy*)

- Administration (*take minutes, organise meetings*)
- Fundraising (*apply for grants, organise events*)
- Publicity (*give talks, write articles, manage a website*)
- Management (*lead a group, handle finances, coordinate projects*)
- Something else: _____

What skills and experience can you offer?

- | | |
|--|---|
| <input type="checkbox"/> Woodwork | <input type="checkbox"/> Occupational therapy |
| <input type="checkbox"/> Metalwork | <input type="checkbox"/> Project management |
| <input type="checkbox"/> Working with plastics | <input type="checkbox"/> Public speaking |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> Using my experience of disability to help others |
| <input type="checkbox"/> Software engineering | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Model making | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> 3d printing | <input type="checkbox"/> Media and journalism |
| <input type="checkbox"/> Product design | <input type="checkbox"/> Websites and social media |
| <input type="checkbox"/> CAD | <input type="checkbox"/> Leadership and governance |
| <input type="checkbox"/> Textiles | <input type="checkbox"/> Other (<i>please specify below</i>) |

Please tell us a little more about your skills and interests:

Do you have a UK driving licence and access to a vehicle? Yes No

Do you have secure access to a computer? Yes No

If you would like to volunteer to make equipment, do you have access to a workspace and tools?

Yes No Not applicable

Your reasons for getting involved

'By volunteering with Remap, I hope to...'

- | | |
|---|--|
| <input type="checkbox"/> Have fun | <input type="checkbox"/> Learn something new |
| <input type="checkbox"/> Make friends | <input type="checkbox"/> Be challenged |
| <input type="checkbox"/> Meet likeminded people | <input type="checkbox"/> Develop my career |
| <input type="checkbox"/> Help disabled people | <input type="checkbox"/> Gain work experience |
| <input type="checkbox"/> Use my existing skills | <input type="checkbox"/> Other (<i>please specify below</i>) |

Please tell us a little more about your motivations for getting in touch:

How did you hear about volunteering with Remap?

- | | |
|--|--|
| <input type="checkbox"/> Remap website | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Social media | <input type="checkbox"/> IMechE |
| <input type="checkbox"/> Do-it.org | <input type="checkbox"/> Visited a Remap stand at an event |
| <input type="checkbox"/> Reach | <input type="checkbox"/> Other: _____ |
- _____

Your health

Do you have any health conditions that we should be aware of? For example, if you require additional support or equipment, please tell us so we can plan to meet your requirements:

Declaration of criminal record

Do you have any criminal convictions? (*You do not need to disclose convictions deemed as 'spent' under Rehabilitation of Offenders legislation*) Yes No

If yes, please give details of all offences, sentences and dates on a separate sheet of paper, in a sealed envelope marked confidential.

Referees

Referencing is one way that Remap ensures safe volunteer involvement, particularly for roles which involve contact with potentially vulnerable people. Please give details of two referees who we can ask to comment on your suitability for volunteering with us. Ideally, at least one should be someone who knows you in a professional capacity (either as a volunteer or an employee). Neither should be a family member.

1. Name: _____

2. Name: _____

Address: _____

Address: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

Relationship to you: _____

Relationship to you: _____

Data protection

Remap values your support and we promise to respect your privacy. Your information will be held confidentially and in accordance with data protection law. We will use this data to process your application and to start your volunteer record if you go on to join us. We will not pass on your data to a third party without your consent.

Declaration

I confirm that the information given on this form is, to the best of my knowledge, accurate. I am willing to uphold Remap's values and behaviours.

I understand that my role with Remap may involve issues and situations of a sensitive nature and I agree to maintain confidentiality at all times.

I consent to the processing of this data for the purposes of volunteer recruitment and during the course of my volunteering, in accordance with the law on data protection.

Signed: _____ Date: _____

Thank you

Many thanks for your interest in volunteering with Remap and for taking the time to complete this form.

Please return your completed application to:

If you have any questions about your application, or about volunteering with Remap more generally, please contact Sophie on 01732 760209 or volunteer@remap.org.uk