

Application form for 18+

All information given is confidential.

I want to be an Adult Volunteer within LVFS

Please return to LVFS, Applications, 9 Trecarn Close, Meadowside, Launceston PL15 7LN



Personal information	
Surname:	Male / Female:
First name:	Second name(s):
Preferred first name:	Date of birth:
Home address:	
County:	Postcode:
Home telephone no:	Mobile No.
Email Address:	
Emergency contact	
Full name	
Relationship to applicant	
Contact telephone Nos. Home:	Mobile:

Other information
Have you previously been a volunteer with LVFS any other charity or youth organisation, e.g. Scouts, Brownies.
Why do you want to become a volunteer with LVFS?
Is there anything you enjoy doing in your spare time, or any skills you can share with others?

Health
As part of being a volunteer with LVFS you are required to declare any appropriate medical conditions when participating in certain events. However, we require a few details here to ensure you can get the most out of the organisation.
Do you consider yourself to have a physical or learning disability? YES / NO If so, can you tell us if we can do anything to make our organisation more suitable to your needs? For example, visual aids, access requirements.
Do you have any medical conditions or allergies which you feel we would need to be aware for your own safety? For example, asthma, nut allergy, diabetes, epilepsy. YES /NO



Criminal convictions

Are you aware of any criminal offences for which you had been convicted current or pending?
YES / NO

Please note that, by declaring, this will not necessarily stop you from joining LVFS. However by not making us aware of any known offences, your membership may be suspended for failure to provide accurate information.

Photographic consent

During LVFS activities such as public duties, fundraising events, and training or in, house meetings, photographs may be taken for the purposes of promoting the charity's work, including editorial, advertising and general information provision. I hereby grant LVFS the right to hold such images of myself for such a purpose on its image database and publish them in any of its print and electronic media output for an indefinite period of time unless otherwise stipulated. I understand that the images will NOT be licensed for any use beyond the remit of LVFS as stated above and will not be provided to any unconnected third person. I understand LVFS holds the copyrights and all other rights for the images. I give consent for such photographs of myself to be taken and held as stated above.
YES / NO

If you do not give your consent on this form, you may be asked for specific model release permission at every LVFS event in the future.

Declaration and data protection.

Please read before signing.
I confirm that to the best of my knowledge the information supplied on this form is correct and accurate at the time of writing. If any information on this form changes for any reason, the unit leader will be notified as soon as possible, particularly any circumstances which may affect my membership and role within the organisation.
I understand that all the information held will comply with the Data Protection Act 1998 and that information will be used for the purposes of LVFS. It will not be provided to any unconnected third party.
I will abide by the regulations set out by LVFS regarding membership

Signature	Date
Print full name	
Signature of authorised LVFS unit leader	
Print full name	Date

Internal use only

To copy and send to applicant on completion of joining process. Copy to applicant, unit leader, support/personnel.

Name of applicant
Name of unit
Date of completion

Verification of application process

<input type="checkbox"/> Application form
<input type="checkbox"/> DRB / CRB completed
<input type="checkbox"/> Equal opportunities
<input type="checkbox"/> Monitoring form
<input type="checkbox"/> Induction
<input type="checkbox"/> Welcome Adult Membership Award
<input type="checkbox"/> Signature of unit leader