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| **VOLUNTEER APPLICATION FORM** |
| Many thanks for your interest in volunteering with us here at All-Aboard. Please be aware that should your application be successful, it is your responsibility to ensure that All-Aboard is notified of any changes to personal details on this form. Thank you. |
| **PERSONAL DETAILS** |
| Surname | First name(s) |
| Date of birth | Title |
| Current address | Permanent address *(if different from current address)* |
|  |  |
|  Post Code |  Post Code |
| Home telephone number | Mobile telephone number |
| Email Address *(please print clearly)* |
| As well as our Annual Training Days and Centre Induction, all volunteers are required to complete a DBS check and three courses that are specific for our centre. If you have any of the certificates already then please tick the box below and provide us with photocopies. |
| DBS Number *(if you have one and are registered with the Online Update Service)* |
| First Aid Certificate [ ]  Disability Awareness Certificate [ ]  Safeguarding [ ]   |
| **EMERGENCY CONTACT DETAILS** |
| Name | Relationship |
| Address |
|  | Telephone number |
| **PAST VOLUNTEERING/WATERSPORTS EXPERIENCE (including any relevant qualifications)** |
|  |
| **AVAILABILITY** |
|  | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |
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| **ROLES OF INTEREST (please tick as appropriate)** |

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| Boat & Premises Management Assistant | * Assist with maintenance work on boats, including winter clean ups
* Keep boats in working order as far as possible
* Carry out minor repairs to equipment as necessary
* Do basic maintenance work around the centre (e.g. changing light bulbs, minor repairs etc)
* Help to keep the centre and grounds tidy
* Clear the boat yard
* Clean boats including powerboats
* Keep boats empty of water
* Completing safety checks

[ ]   |
| Water Activity Assistant (Sport Specific please specify) | * Assist with preparation of equipment for sessions
* Taking registers for groups
* Assist groups with putting on appropriate equipment/clothing (e.g. waterproofs and buoyancy aids)
* Assist groups getting on and off the water
* Provide support in safety boats
* Assist the instructor as required

[ ]  |
| SUP [ ]  Sailing [ ] Kayaking [ ]  Rowing [ ] Powerboat[ ]  |
| Meeter & Greeter | * Meet and greet participants and visitors to the watersports centre or at events that we run
* Escort participants and visitors around the centre
* Answer general queries about AAW and what we offer
* Actively look for anyone that may be lost of may need help
* Report any incidents to the admin team or lead instructors

[ ]  |
| Photographer | * Take photos of our events and sessions
* Ensure that our photography consent forms are up to date and being used appropriately
* Curate and organise our internal photography collection

[ ]  |
| Events Support inc refreshments | * Host and help with events run by AAW
* Provide refreshments

[ ]  |
| Sailability/Accessibility Assistant | * Support our accessible watersport activities
* Team player
* Flexible and adaptable

[ ]  |
| Minibus Driver (Come on Board/ Rocking the Boat Projects) | * A friendly face to pick up and drop off the participants of the 50+ Come on Board/ Rocking the Boat projects from all over the city of Bristol.
* Act as the vital link between participants and the projects based at All-Aboard Watersports.

[ ]  |
| **REFERENCES (for DofE applications please provide details of your DofE tutor)** |
| Name  | Name  |
| Email Address | Email Address |
| Contact Number: | Contact Number: |
| Capacity known to you: | Capacity known to you: |
| **HEALTH DECLARATION** |
| Declaring a health condition will allow All-Aboard to best support you as a volunteer. It will not necessarily prevent you from volunteering with us. Please note that this information will be held as a strictly need to know basis.Are you/ Have you received any medical treatment in the last 5 years? …………………………………………………………………………………………..Have you been diagnosed with any medical/health condition, social anxiety condition, learning difficulty, Heart Condition or mental health Condition, including Epilepsy, Diabetes, Asthma, or Autism? If yes please state so and how we can best support you.…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………Do you have any medical implants (i.e. pacemaker) or mobility aids (i.e. wheelchair) to help you mobilise?……………………………………………………………………………………………………………………………………………………………………………………………………………Please state any specific requirements you may have and state any allergies you have.………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| **DECLARATION** |
| I declare that to the best of my knowledge the information given above is correct.Signed\*……………………………………………………………………….. Date…………………………………………………………………….\* must be signed by parent / guardian for U18s |
| **NEWSLETTER**  |
| I give permission for All-Aboard Watersports (AAW) to add me to the Volunteer Newsletter sent out monthly.[ ]  |
| **PHOTO CONSENT** |
| I give permission for All-Aboard Watersports (AAW) and any of it’s delivery partners to take photographs and videos of me / my child\* and only with prior request, share my story as a case-study. \* delete as appropriate. Please tick the box. [ ]  |
| I give permission for these organisations to use the images resulting from the photography/filming/recording and any reproductions or adaptations thereof for fundraising, publicity and any other purposes to help achieve the Charity’s aims. I consent to AAW sharing images, quotes and sounds with their partners, funders and supporters. Please tick the box. [ ]  |

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| **MONITORING INFORMATION**  |
| The data in this form is used for statistical purposes to assist All-Aboard in meeting its obligations in accordance with the Race Relations Amendment Act, to provide information for the annual statistical returns to the Charity Commission and funders and to enable All-Aboard to monitor the performance of its Equal Opportunities Policy. Any reports produced using this information are anonymised. Any information given on this form will be treated in the strictest confidence. The form will be retained in a secure location on your personnel file.  |
| **NAME** |
|  |
| **GENDER** |
| Male |  | Female |  |
| **ETHNIC ORIGIN (please tick the box which most closely related to you)** |
| **White**  | **Mixed**  |
| British English |  | White and Black Caribbean |  |
|  Scottish |  | White and Black African |  |
|  Welsh |  | White and Asian |  |
|  Irish |  | Other Mixed background (please specify) |
| Other White background (please specify) |
| **Asian**  |
| **Black**  | Indian |  |
| Caribbean |  | Pakistani |  |
| African |  | Bangladeshi |  |
| Other Black background (please specify) | Other Asian background (please specify) |
| **Chinese**  | **Other Ethnic background (please specify)**  |
| Chinese  |  |
| **NATIONALITY** |
|  |
| **DISABILITY** |
| Do you consider yourself to be disabled? | Yes/No |
| Please indicate below which category your disability falls within  |
| Dyslexia |  | Blind/partially sighted |  |
| Deaf/hearing impairment |  | Wheelchair user/other mobility difficulties |  |
| Requires personal support |  | Mental health disability |  |
| Unseen Disability (e.g. diabetes and epilepsy) |  | Multiple disabilities |  |
| Other disability (please specify) | Do not wish to disclose information |  |
| **MARITAL STATUS** |
| Single |  | Married/Civil Partnership\* |  |
| Widowed |  | Divorced |  |