

Volunteer Application Form

Please return this form either via email to <u>streetangelsyork@gmail.com</u> or post to 1 Forest Close, Wigginton, York, YO32 2ZG. If returning electronically, you may wish to print then scan the document before returning it.

Applicant Information						
Full Name: Address:	Age (optional):					
Postcode:	Home Telephone:					
Mobile:	Email:					
(Please tick a How did you (Please tick)	e if you consent to us contacting you via: Text Message (SMS) Email many as applicable) Phone Call ear about Street Angels York? Met us whilst in York Our website/Social Media Street Angel) *					
details, inclu	ase provide further ng when you were rreet Angel if applicable:					

Please briefly explain why you are interested in becoming a Street Angels York volunteer:

Relevant Employment and Volunteering History

Please provide details of any employment or volunteering role you have undertaken which you consider relevant to this role. (Please continue on a separate sheet if necessary).

Volunteer Application Form



Please give examples of occasions when you have demonstrated the desirable qualities of a Street Angel volunteer: commitment, selflessness, non-judgmental, integrity, honesty, good people skills, collaboration, compassion for those in need.

Please try to include an example of when you have shown respect for someone's lifestyle, culture, or beliefs, even though they differed significantly from your own.

Do you bring any particular skills that you think would be useful as a Street Angel?

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reet Angels York does not activ	elv advertise itself as	an organization that r	provides First Aid Hov	vever we sometime

Street Angels York does not actively advertise itself as an organization that provides First Aid. However, we sometimes come across situations whereby it may be needed. If you choose "Yes", a member of the Steering Committee will contact you to discuss potential limitations of any First Aid that is administered.

Are you a qualified First Aider?	YES*	NO
*If 'Yes', when does your qualification expire: *If 'Yes', would you feel comfortable to provide First Aid if a situation required it?	YES	NO

Please use this space to provide any other information you consider relevant to your application. This could include information about your interests and should include any special circumstances which would require special provision in supporting you in this role.



References

Please provide below the names and contact details of two referees. **Neither should be related to you nor be a partner**. One could be a church leader if desired.

Full Name:	Position:		
Address:	Email:		
Postcode:	Can this person comment on your suitability to work with children, young people, and vulnerable adults?		
Full Name: Address:	Position:		
	Email:		
Postcode:	Can this person comment on your suitability to work with children, young people, and vulnerable adults?		
	Additional Information		
the city (son Volunteers a and Saturda	s York aims to have a mixed-sex team, led by a Team Leader, on shift every Friday and Saturday night in netimes a Sunday night if there is a Bank Holiday Monday). The asked for their availability each month via a Doodle poll. Volunteers should put down all available Fridays ys that they can be on shift, but they will only be assigned one night a month . If a volunteer wishes to r two nights in one month, they can make this known to the rota coordinator.		
	ift, volunteers are expected to wear a Street Angels hi-vis jacket , which is a warm waterproof coat <u>Street Angels York at the start of each shift</u> .		
	Emergency Contact Information		
In the even	t of an emergency, please provide details of at least one emergency contact:		
Name: Contact	Relationship:		

Name: _____ Relationship: _____ Contact Number(s): _____

Number(s):





Safeguarding Information & Declarations

You will need to understand the great responsibility involved in working with children, young people, and vulnerable adults, and the need to ensure their safety. All Street Angels York volunteers are required to have a valid DBS check, which we will help you obtain. In the meantime, please sign the Safeguarding declaration below:

- I will complete a DBS check as part of my application with Street Angels York
- I agree to inform the person of Street Angels York responsible for processing DBS applications if I am convicted of an offence after I take up my post within the organization
- I agree to inform the person of Street Angels York responsible for processing DBS applications if I become the subject of a police and/or social services/social work department investigation
- I understand that failure to comply with any of the above may lead to the immediate suspension of my work with children, young people, and vulnerable adults, and/or the termination of my voluntary role

Signature*:

Date:

I hereby certify that all the information on this form is true and correct to the best of my knowledge, and will make every effort to be available at least one night per month to volunteer on the streets of York, and will make every effort to attend any Street Angels York training sessions:

Signature*: _____ Print Name: _____ Date: _____

*If you are filling out this form electronically, a physical signature is not required – an electronic signature can be accepted.

Street Angels York GDPR Declaration

In order to comply with the GDPR (Data Protection) Act 2018, Street Angels York follows strict rules in accordance with the data protection principles.

Where the term 'application' is used, it refers to the Application Form submitted by the volunteer, the references provided by the nominated referees of the volunteer, and any information gathered during the DBS process.

The measures we have in place include:

- only keeping volunteer applications whilst a person is an active Street Angels volunteer and for the subsequent year after stepping down as a volunteer (this is for contact detail purposes; following a year of not being an active Street Angel, the details are securely destroyed)
- ensuring all information, including personal details of active volunteers, is kept securely by limited members of the Steering Committee and Team Leaders
- only contacting volunteers through their preferred choice of communication, indicated at the beginning of the volunteer application form

If any volunteers or external parties wish to contact the Steering Committee to learn further details about the measures we have in place, they are encouraged to email streetangelsyork@gmail.com