



# Digital Champion Volunteer Registration Form

**Private & Confidential**  
**Contact and personal details**

**For office use only:**

Interview Date \_\_\_\_\_

By whom? \_\_\_\_\_

Inputted Date \_\_\_\_\_

Volunteer Centre Sefton is part of Sefton CVS  
Registered Charity No. 1024546  
Company Limited by Guarantee Reg. No.  
2832920

<b>Title:</b>
<b>First name:</b>
<b>Surname:</b>
<b>Address:</b>
<b>Postcode:</b>

<b>Tel (home):</b>
<b>Tel (mobile):</b>
<b>E-mail:</b>
<b>How would you prefer to be contacted?</b>
<b>Date of birth:</b>
<b>How did you hear about Include-IT Mersey?</b>

**When would you like to, or are available to, volunteer? Please note the main volunteering hours of this role will take place between 9am-5pm Monday- Friday. There may be some opportunity to volunteer at the weekend.**

**Please tick all appropriate boxes**

	Sat	Sun	Mon	Tues	Wed	Thurs	Fri
AM							
PM							
EVENING							

Approximately how many hours per week would you like to volunteer? \_\_\_\_\_

**Where would you like to, or are available to volunteer? (Please note reasonable travel expenses are paid)**  
**Please tick all appropriate boxes**

Sefton (Southport or Bootle)	Liverpool (Toxteth, Norris Green, Croxteth, Clubmoor, Speke/ Garston, Kirkdale, Anfield or Everton)	Knowsley (Kirkby, Huyton, Halewood, Stockbridge Village or Dovecot)	St Helens (Parr, Town Centre or Moss Bank)	Wirral (Birkenhead/ Tranmere, North Birkenhead, Rock Ferry or Seacombe)	Halton (Widnes-Kingsway/ Appleton/ Broad Heath or Runcorn- Halton Castle/ Halton Lea/ Norton South/ Grange)

Please give details of any skills and interests you feel are beneficial to this role:

Please give details of any previous voluntary experience you have:

Please give details of any learning or physical disability, mental or physical illness, caring responsibilities, transport issues etc which may affect the volunteering you want to do.

Please provide details of a person who is not a relative that can provide a reference  
Name:  
Address:  
  
E-mail:  
Phone Number:

Do you have any spent or unspent convictions that would bar you from working or volunteering with children or vulnerable adults?  
Yes  No   
If you have responded 'Yes' to the above statement please indicate if your conviction is Spent or Unspent  
Spent  Unspent   
In order to support you in accessing appropriate volunteer support and in the interest of the public we may be required to share this information with organisations involved in the project. If your conviction is not spent we may also discuss these referrals with your probation officer.

**Emergency Contact:** Please provide us with the details of someone you would like us to contact on your behalf in the unlikely event of there being an emergency.

**Title:**  
**First name:**  
**Surname:**  
**Address:**

<b>Postcode:</b>
<b>Tel (home/work):</b>
<b>Tel (mobile):</b>

<b>We provide a polo shirt for volunteers so please tick the size that you prefer</b>							
<b>XS</b>	<b>S</b>	<b>M</b>	<b>L</b>	<b>XL</b>	<b>XXL</b>	<b>XXXL</b>	<b>XXXXL</b>
<b>34-36 (inches)</b>	<b>36-38</b>	<b>38-40</b>	<b>41-42</b>	<b>43-44</b>	<b>45-47</b>	<b>47-49</b>	<b>49-51</b>

<p>To comply with the UK Data Protection Act 1998, your permission is needed before we are able to use an image or any near likeness of you. No image or likeness will be used without your permission. If it is given, you may remove your permission at any time by contacting the person named at the Volunteer Coordinator.</p> <p>I give permission as the named person above for my likeness to be used for the purposes of Include-IT Mersey Project's internal and external publications, newsletters, presentations, social media communications, Include-IT Mersey Website and local/national newspaper articles.</p>	
<b>Please print your name</b>	
<b>Signature</b>	
<b>Date</b>	

**Important Information**

Personal data that you provide to Volunteer Centre Sefton will be held in accordance with the Data Protection Act 1998. To enable Volunteer Centre Sefton to offer the highest quality service, it may be necessary to share your information with other agencies. We understand the information that you provide is of a sensitive and private nature, therefore all staff and volunteers are bound by a confidentiality agreement.

I hereby confirm that the above details are correct to the best of my knowledge and I have read and understand the Important Information.

**Signature:** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this form to:** Volunteer Centre Sefton, Sefton Council for Voluntary Service (CVS)  
 3rd Floor, Suite 3B, Burlington House, Crosby Road North, Waterloo, L22 0LG  
 Or by e-mail to: [includeitmersey@seftoncv.org.uk](mailto:includeitmersey@seftoncv.org.uk)  
**For help with completing the form:** Please ring us on 0151 920 0726



## Equal Opportunities Monitoring Form

### Why we are asking you for this information?

Volunteer Centre (VC) Sefton is committed to achieving Equal Opportunities in all aspects of its work. We are keen to ensure that people from all sections of the local community are able to use the VC in order to find suitable voluntary work. The information you provide on this form will be kept in the strictest confidence and in accordance with the Data Protection Act 1998. It will be used for the purposes of monitoring only. If it is found that VC Sefton is not accessible to all sections of the local community, positive action will be taken to rectify the situation. **You can choose not to answer some/ all of the questions if you wish.**

<b>Postcode</b> (first 3 or 4 characters) _____	<b>Are you...</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>What is your age?</b> _____ years	

**Disability: Do you have any of the following?**

Physical Impairment     Visual Impairment     Learning Difficulty

Hearing Impairment / Deaf     Mental Health/Mental distress

Long term illness that affects your daily activity     Other (please specify) \_\_\_\_\_

**Please read the following statement...**

If you have ticked any of the boxes above, or you have cancer, diabetes or AIDS this would be classed as 'disability' under the legislation. Do you consider yourself to be 'disabled'?

Yes                       No

**Ethnicity – do you identify as...**

**Asian:**     Bangladeshi     Indian     Pakistani     Other Asian background (please specify) \_\_\_\_\_

**Black:**     African             Caribbean     Other Black background (please specify) \_\_\_\_\_

**Chinese:**     Chinese     Other Chinese background (please specify) \_\_\_\_\_

**Mixed Ethnic Background:**     Asian & White     Black African & White     Black Caribbean & White

Other Mixed background (please specify if you wish) \_\_\_\_\_

**White:**

British     English     Irish     Scottish     Welsh     Polish     Latvian     Gypsy / Traveller

Other White background (please specify if you wish) \_\_\_\_\_

**Which of these options best describes your situation?**

Full time work     Part time work     Self Employed     Government Scheme     Full time education

Unemployed but available for work     Fully retired     Unable to work due to illness/disability

Looking after the home/family     Other (please specify) \_\_\_\_\_

<b>Do you have a religion or belief?</b>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please select...					
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu			
<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh			
<input type="checkbox"/> Other (please specify if you wish) _____					
<b>How would you describe your sexual orientation?</b>					
<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Gay	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Bisexual		
<b>Do you currently live in the gender you were given at birth?</b>					
<input type="checkbox"/> Yes		<input type="checkbox"/> No			

**Thank you for your time and contribution!**

**Please return this form to:**

Volunteer Centre Sefton, Sefton Council for Voluntary Service (CVS)  
 3rd Floor, Suite 3B, Burlington House, Crosby Road North, Waterloo, L22 0LG  
 Or by e-mail to: [includeitmersey@seftoncv.org.uk](mailto:includeitmersey@seftoncv.org.uk)

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