



Kentish Stour Countryside Partnership Volunteer Record Form



Thank you for your interest in volunteering with KSCP

Please complete this form & sign the Volunteer Agreement.

All information will be treated in confidence, stored in accordance with the Data Protection Act and will not be shared with third parties without your agreement.

Completed forms can be emailed to kentishstour@kent.gov.uk or returned to the task leader on your first day*

For any questions contact email address above or telephone the office 03000 410900

*** Please await confirmation of our receipt of your form or call before turning up for your first task!**

Personal details

| | | | |
|---------------------------------|------|--------------|--|
| Title & name | | | |
| Preferred email | | | |
| Telephone | Home | Mobile | |
| Full address (with postcode) | | | |
| Date of Birth | | Gender (M/F) | |

Volunteering with KSCP

| | | | |
|---|---------|------------|------|
| Which Volunteer Group would you like to join? Please tick the appropriate box. | Ashford | Canterbury | Both |
| Why do you want to volunteer? e.g. meet people, develop skills etc. | | | |
| Where did you hear about KSCP volunteering? | | | |
| Please tell us about any relevant skills, experience or qualifications you have (incl. membership of relevant organisations). | | | |
| Do you consent to being photographed and to photos being used in our publications incl. social media/website? | | | |

Emergency contact details – someone you would like us to call in an emergency

| | | | |
|---------------------------------|------|--------|--|
| Name | | | |
| Relationship | | | |
| Telephone number | Home | Mobile | |
| Full address (with postcode) | | | |

HEALTH AND SAFETY QUESTIONNAIRE

Health issues or a criminal record will not automatically prevent you from volunteering. This information helps us to judge each case individually and helps to ensure the safety and enjoyment of all our volunteers. In the unlikely event of an accident the information you provide will ensure that KSCP can provide the best possible help. Any information you choose to withhold will therefore be at your own risk.

**DO YOU HAVE A CRIMINAL RECORD – YES/NO.
IF YES COULD YOU PLEASE PROVIDE BRIEF DETAILS BELOW**

| |
|---|
| Type of conviction: Date of conviction / sentence completed: |
|---|

PLEASE READ AND THEN CIRCLE EITHER YES OR NO FOR EACH QUESTION. IF YOU ANSWER YES FOR ANY QUESTION PLEASE PROVIDE MORE INFORMATION IN THE BOX BELOW*

- | | | |
|---|-----|----|
| 1. HAS YOUR DOCTOR EVER SAID THAT YOU HAVE A HEART CONDITION? | YES | NO |
| 2. DO YOU FEEL PAIN IN YOUR CHEST WHEN YOU DO PHYSICAL ACTIVITY? | YES | NO |
| 3. IN THE PAST MONTH HAVE YOU HAD A PAIN IN YOUR CHEST WHEN YOU WERE NOT DOING PHYSICAL ACTIVITY? | YES | NO |
| 4. DO YOU LOSE YOUR BALANCE BECAUSE OF DIZZINESS OR DO YOU EVER LOSE CONSCIOUSNESS? | YES | NO |
| 5. DO YOU HAVE A BONE OR JOINT PROBLEM THAT COULD BE MADE WORSE BY A CHANGE IN YOUR PHYSICAL ACTIVITY? | YES | NO |
| 6. DO YOU HAVE DIABETES? | YES | NO |
| 7. DO YOU HAVE ASTHMA? | YES | NO |
| 8. HAVE YOU ANY HISTORY OF BACK COMPLAINTS? | YES | NO |
| 9. DO YOU SUFFER FROM EPILEPSY? | YES | NO |
| 10. DO YOU SUFFER FROM ANY ALLERGIES? | YES | NO |
| 11. PLEASE TELL US ABOUT ANY OTHER MEDICAL CONDITIONS THAT YOU FEEL MAY AFFECT YOUR ABILITY TO WORK SAFELY. | | |

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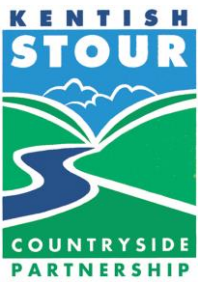
12. PLEASE LIST ANY MEDICATION THAT YOU ARE TAKING THAT MAY AFFECT YOUR ABILITY TO WORK SAFELY.

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***IF YOU HAVE ANSWERED YES** - Please give us more information about your medical condition e.g. what kind of allergy / what you carry with you to help if you fall ill (medication / inhaler / epi-pen etc) and how the condition may present - information that may assist us to help you appropriately.

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SIGNED..... DATE.....



Kentish Stour Countryside Partnership

Volunteer Agreement



In writing this letter and signing this agreement we (KSCP) agree to do our best:

- To provide an induction to all aspects of your role including the organisation and relevant staff.
- To explain, and apply, policies and procedures including: Health & Safety, Diversity & Equality, Data Protection, Confidentiality, Complaints and Safeguarding.
- To provide regular opportunity to give and receive constructive feedback on your role.
- To respect your skills, dignity and individual wishes and to help you reach your personal goals through volunteering.
- To accommodate any reasonable changes that would assist you.
- To pay agreed out of pocket expenses promptly.
- To consult with you and keep you informed of possible business changes.
- To provide personal injury & public liability insurance.

In signing this agreement, I, the volunteer, agree to do my best:

- To volunteer to the best of my ability in my agreed role, now that I have completed and understood induction.
- To give as much warning as possible if I am unable to volunteer as arranged.
- To act in line with the organisation's aims, values and policies, including; Health & Safety, Diversity, Equality, Data Protection, Confidentiality, and Safeguarding.
- To act in a non-discriminatory way at all times and to report any unfair treatment.
- To take part in meetings to provide and receive feedback.
- To raise any concerns I have, with my contact as soon as possible.

I understand:

- That volunteering activities may be physically demanding and I consider myself fit to undertake the activities. I will promptly inform my contact of any relevant changes to my health.
- I cannot come on task whilst under the influence of alcohol or any illegal drugs.
- It is useful to have protection against tetanus when working outdoors.
- All equipment issued to me is not my property and will be returned when requested.
- That I can refuse any activity I feel falls outside my role or is unrealistic.
- That I am a volunteer and not an employee of Kent County Council.
- That my involvement may be reviewed and concluded at any time by either party.
- That my image may be used in photographs used by KSCP to promote their work.

If you do not wish to have your photograph taken please inform KSCP officer!

This agreement is in honour only and not a legally binding contract. It may be terminated at any time by either side. Please sign and date to confirm you have read and agree and return to either kentishstour@kent.gov.uk or to the task leader on your first day

Signed _____

Date _____

Name (please print) _____