

## South Derbyshire CVS

Unit G, Sharpes Industrial Estate 6 Alexandra Road Swadlincote Derbyshire DE11 9AZ Telephone: 01283 550163 or 07458 304315

Registered Charity No: 1101450 Company No: 4958843

## South Derbyshire Volunteer Force -Volunteer Opportunity Form



The information you provide on this form will be used by us to match volunteers for this opportunity. It is important that the information you provide is as accurate as possible. You should try to make the opportunity sound interesting, appealing and worthwhile since this will help us a great deal in attracting volunteers.

Please complete this form and email to volunteer@sdcvs.org.uk or post it to the Volunteer Force Team at the address above.

If you are unable to print the form please do contact us and we will be happy to post a copy to you or even complete the application over the telephone. If you are struggling to scan the form, to return it, you can take a photograph on a mobile device and email or SMS text it to +44 (0)7458 304315.

## **ROLE/PROJECT DETAILS** Organisation Name: What type of opportunity is this? Short-term Volunteer (<12 months) | Long-term Volunteer (12+ months) Specific Volunteering Project/Event Could this role be carried out virtually or through a hybrid volunteering model? Role/Title or Project/Event Name: Location: Postcode: Is the location for the role/project, and the facilities accessible for those with physical disabilities? Is the location accessible by public transport? Yes Free Parking Is there parking available? Charged Parking No Parking Please describe the duties and responsibilities of the role, outline the benefits of the role and the impact it will have. You should make this interesting and appealing to encourage volunteers to become involved in this opportunity. If available please attach a separate copy of any role description your organisation may have. Proposed date for NEW Proposed End Date starts: (if applicable):

Number of positions available:

Does this role/project require a <b>DBS</b> ?	Basic Enhanced Not Required
Does this role/project require a <b>driving license</b> ?	Yes No
Does this role/project require volunteer driving cover on their mo	otor insurance policy? Yes No
Will personal protective equipment (PPE) be provided?	Yes
Will <b>training</b> be given for this role/project?	Yes
Will <b>expenses</b> be covered/reimbursed?	Subsistence No expenses
Can you provide a copy of your current and valid volunteer insura	ance policy/certificate? Yes No
PERSON SPECIFICATION	
Please details any particular <b>skills</b> or <b>experience</b> required for this role/project:	
What <b>age group</b> would this role/project suit? <b>Minimum</b> Age	Maximum Age
What ago group would this roley project sale:	Maximum / gc
OPPORTUNITY CONTACT DETAILS	
Please provide the contact details for the person at your organisation v	
Name:	osition/Role:
Email:	
Contact Telephone Number:	
Contact relegione realiser.	
Please details any other instructions or information below i.e. working hours, preferred contact method etc:	
Please note that all expressions of interest (EOI), will initially be	e received by South Derbyshire CVS Volunteer Force. We
will then seek to obtain further information on the applicant, i	ncluding completing validation of their ID and facilitating
the collection of references. Once this process is complete w important then that you contact the volunteer as soon as possi	
	irect applications instead please tick here, to consent to
us sharing your contact details and application links with recruitment.	n potential volunteers for the purposes of volunteer
DECLARATION	
What will we do with the information you give us? We will hold y	
information safe in accordance with Data Protection and GDPR tion and volunteering opportunities. You may request a copy of	
ing info@sdcvs.org.uk.	,
Please tick here to consent to us holding your data for the purposes of supporting the recruitment of volunteers, accessing training opportunities, events and other SDCVS services.	
I have read the information above and I confirm the details given are correct. I am authorised to sign this on behalf of my	
organisation.	
Signature:	
	Date of Birth: DD/MM/YYYY

Opportunities with an image perform better than opportunities without. It is not compulsory to provide an image, however, if you do have this option it will enhance and personalise the advertisement.

Please email any images or the hyperlinks to the images to volunteer@sdcvs.org.uk.