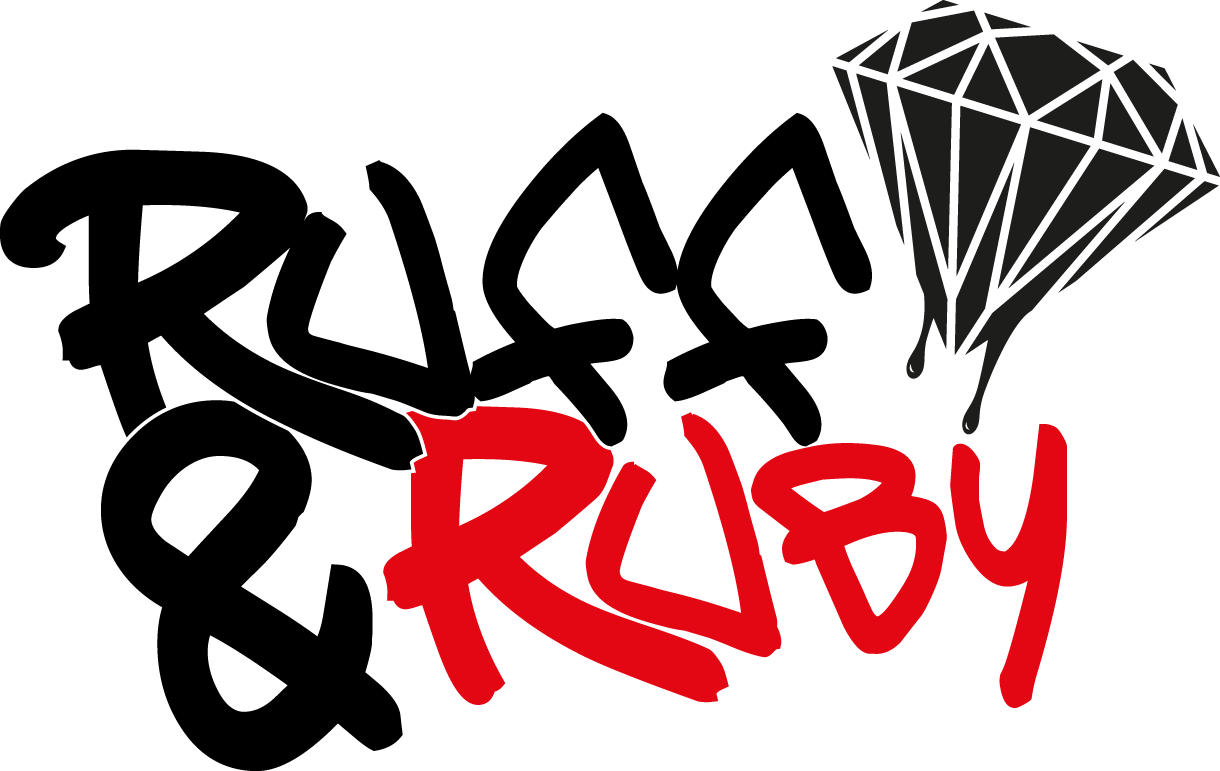
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**VOLUNTEER - APPLICATION FORM 24/25**

**PLEASE TICK WHICH AREA YOU ARE INTERESTED IN :**

**FYI: All volunteers will complete an enhanced DBS check or risk assessment if under 18.**

**CHARITY OPPORTUNITIES :**

Social media

Business administration [filing & finance]

PR [marketing]

media [promo film making]

events planning

Fundraising   
Music Studio work

Secondary schools work [workshops]

VIP:Love [121 acts of kindness] ,

Worthy [self-esteem workshop delivery & slogan fashion range )

Please state which area:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Date of Application:** | | | |
| --- | --- | --- | --- |
| **Name:** | | | |
| **DOB:** | **Age:** | | |
| **Address:** | **Tel:** | | |
| **E-mail** | | |
| **Parent/Carer/Next of Kin name:**  **Emergency contact tel:**  **Email:** | | | |
| **School/college/university/employed/unemployed: /HMP ;** | | | |
| **How did you hear about us? [e.g. DWP, social media, website]**  **If you are on a work placement from school/ college or elsewhere, please write your teacher/ keyworker’s details below.**  **Name:**  **Contact Number:**  **Email:**  **If you were referred via the DWP, please write your Job Coach’s details below.**  **Name:**  **Contact Number:**  **Email:** | |
| **Do you have any ‘need to know’ medical/ health issues or physical disabilities that we need to know about? If yes, please give details including any medication:** | | | |
| **Do you need any special requirements or have any special/ learning needs that we need to be aware of?** | | |

| **Please tell us some interesting things about yourself / your story** |  |
| --- | --- |
| **Please tell us why you would like to volunteer with THE RUFF & RUBY YOUTH CHARITY** |  |
| **Do you have any relevant experience?** |  |
| **What do you feel are your strengths?** |  |
| **What do you want to achieve or learn whilst volunteering with us?** |  |
| **Please tell us anything else that you think may be relevant [training/ volunteering/ life experience]** |  | |

| **Do you have any criminal convictions [spent or under investigation]?**  **If yes, please provide details** |  |
| --- | --- |

**AVAILABILITY**

**Please write below what times you are available to volunteer with us  
NB. General charity volunteering is Monday to Friday (Occasional Saturdays @ events )**

| **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

**#PERMISSION FORM**

**Ruff & Ruby** is an award winning registered charity based in Stoke-on-Trent that works to promote positive self-esteem and aspirations in young people/ young adults through innovative programs and services.

**If you are under 18 years then please ask a parent/carer to sign the below agreement.**

**I (Name) ……………………………………………………..**

**(status) ……………………………………………………… (parent /carer / support worker)**

**give permission for …………………………………………… to take part** in the RUFF & RUBY volunteer program

**If you are under 18 years then please ask a parent/carer to sign the below agreement - If you are over 18 then please sign.**

**I DO / DO NOT** (please delete as appropriate) give permission for the above to be photographed/filmed during the programs and services we undertake.

**I DO / DO NOT** (please delete as appropriate) give permission for photos/media featuring myself/ my child/young person to be used to help promote our work as a charity. Photos/media may be used in publicity materials to help raise awareness of our services, fundraising events and campaigns.

NB. RUFF & RUBY has public liability & indemnity insurance.

**Signed …………………………………………..**  **Date ……………………………………**

**(myself / parent/carer/support worker)**

Here at Ruff & Ruby we take your privacy seriously and will only use your personal information to provide the placement you require/have been referred for. From time to time we would like to contact you with details of programs and services we provide. If you consent to us contacting, you for this purpose please tick to say how you would like us to contact you.

We may find it necessary to pass your details on to other agencies/professionals that specialise in more focused areas of need so that they can contact you about support and the services that they provide. If you consent to us passing on your details for that purpose, please tick to confirm.

| Volunteer: | Parent/guardian (if volunteer is under 18): |
| --- | --- |
| **I agree** **for my data to be stored and passed on if necessary** ☐  **You may contact me via: Email** ☐    **Telephone** ☐    **Text message** ☐   Signed: Date: | **I agree** **for my data to be stored and passed on if necessary** ☐  **You may contact me via: Email** ☐    **Telephone** ☐    **Text message** ☐   Signed: Date: |