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| **New Volunteer Form**  **Personal Details**   |  |  | | --- | --- | | Mr/Mrs/Miss/Ms/Other |  | | Forename(s) |  | | Surname |  | | Date of Birth |  | | National Insurance Number |  | | Address |  | | Postcode |  | | Mobile telephone number |  | | Email |  | | Start date |  |   **Reference details**  Please give details of two references which we can obtain for you   |  |  |  |  | | --- | --- | --- | --- | | Reference 1  Name | Address | Email Address | Relationship to you | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | | Reference 2  Name | Address | Email Address | Relationship to you | |  |  |  |  |   Please tell us why you would like to become a volunteer and what skills and qualities you have which think may help you in the role of a volunteer   |  | | --- | |  |   **Usual Availability**  Please enter Yes or No and state if only available at specific times. This is a general overview, and we will always check your availability with you directly before allocating a panel.   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Mon** | | **Tue** | | **Wed** | | **Thu** | | **Fri** | | |  | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | | Yes or No |  |  |  |  |  |  |  |  |  |  | | Times |  |  |  |  |  |  |  |  |  |  |   **Participation**  Historically panels have always been in person and due to the pandemic internet panels have now been established.  Currently we continue to offer both based on the young person’s preference. We would like to know your availability and preference.   |  |  |  | | --- | --- | --- | | **Type of panel** | **Yes or No** | **Panel Preference**  **(1st or 2nd)** | | In person (Expenses will be covered) |  |  | | Internet |  |  |   **Preferred contact method**  How can we contact you? Please indicate your preference when receiving invitations to panels   |  |  |  | | --- | --- | --- | | **Type of communication** | **yes or no** | **Communication Preference**  **(1st 2nd or 3rd)** | | Phone call |  |  | | Email |  |  | | Text |  |  |   **Data Share - Permission**    It is essential for the work we do to have your permission to share your email address and phone number with case managers and other team members working for the YOS team and Council. This may also be necessary for other volunteers you are working with on panels.    The rest of your details will be held securely in line with our enclosed Remedi Data Protection Policy.  **Checklist – please tick that you have enclosed a copy of:**   |  |  | | --- | --- | | Read and agree with the permission statement |  |  |  |  | | --- | --- | | Name |  | | Signature |  | | Date |  |   **SEND A COPY OF THIS FORM TO** [**helen.porter@derby.gov.uk**](mailto:helen.porter@derby.gov.uk) |