

Edenbridge Town Council

Town Clerk: Caroline Leet



VOLUNTEER REGISTRATION FORM

PERSONAL INFORMATIO	N					
Surname:			Other Names:			
Address:			Contact Tolophono Number			
Audress.			Contact Telephone Number: Home:			
Postcode			Mobile:			
		Email address:				
Are you related to any member of the Town council or employees? YES / NO						
If so, whom:						
Age (please tick): 16-18 \square 19-80 \square over 80 \square						
DRIVING LICENCES						
Do you hold a current full	driving licence	e?	YES / NO			
Do you own a vehicle?	YES / NO		ovide details:			
4x4; estate car; saloon; other						
GENERAL INFORMATION						
Have you ever been convicted of a criminal offence? (Declaration subject to the YES / NO						
Rehabilitation of Offenders Act 1974)						
If yes, please provide details:						
SPECIAL REQUIREMENTS						
Do you have any disabilities or medical conditions of which we need to be aware? YES / NO						
If yes, please provide details:						
Do you have any special r	YES / NO					
If yes, please provide details:						
VOLUNTEERING INTERESTS						
Emergency Planning Footpaths Gardening Litter picking Speedwatch						
Other Please state your skills/interests:						
Other - Fredse state your skins/interests.						

Volunteering Declaration:

I confirm that I have read and understood Edenbridge Town Council's Volunteering Policy and confirm that I will adhere to the Policy and not bring the Town Council in to disrepute with my actions as a volunteer.

I confirm to the best of my knowledge that the information I have given is correct, and understand that any misleading statement or deliberate omission may result in my Volunteering for Edenbridge Town Council being terminated.

I understand that any offer as a volunteer for Edenbridge Town Council is subject to satisfactory receipt of documentation where applicable, including references and DBS paperwork.

Name (please use capitals):	
Signature:	
Date:	

GENERAL DATA PROTECTION REGULATIONS (GDPR) AND CONTACT FROM EDENBRIDGE TOWN COUNCIL

Your privacy is important to us and we would like to communicate with you about the Council and its activities. You can find out more about how we use your data from the 'Privacy Notice' on our website http://www.edenbridgetowncouncil.gov.uk/policies/website-policy/ or from the Council Office.

Your contact details are at the front of this Volunteering Form. Please confirm your consent by ticking the boxes below.

From time to time we will need to contact you reagrding the volunteering matters or other					
Home add	usiness. Please confirm which method/s we may use dress	YES	NO		
Telephone	e	YES	NO		
_	ontact you via social media ook, Twitter & Whatsapp.	YES	NO		
By signing data	below I agree to the Council processing my personal	Date:			
Signature					
Please note	e; if you are under 13 years of age then a Parent / Guardia	n consent mu	ıst be given. Please		
ask for a di	fferent form.				
You can wi	thdraw or change your consent at any time by contacting	g the Council	Office.		
Please gran	nt consent by ticking the boxes below:				
	We may contact you to keep you informed about what is going on, including news, events, meetings, clubs, and groups.				
	We may contact you about groups and voluntary activities you may be interested to hear about or join.				
	We may use your name and photo in our newsletter, in publications, on our website, or on our social media accounts.				
	We may contact you to advise you of consultation events and to gather your response to consultations regarding the future of Edenbridge.				
Please retu	rn to information@edenbridgetowncouncil.gov.uk or deli	ver to Edenb	ridge Town Council,		

Doggetts Barn, 72a High Street, Edenbridge, TN8 5AR. If we do not hear from you we will assume

you no longer want to hear from us.

DATA PROTECTION

The Data Protection Act 1998 ("the Act") sets out certain requirements for the protection of your personal information against unauthorised use or disclosure. The Act also gives you certain rights. Except to the extent we are required or permitted by law, the information which you provide in this application form and any other information obtained or provided during the course of your application ("the information") will be used solely for the purpose of assessing your application. If your application is unsuccessful or you choose not to accept any offer voluntary work we make, the information will not be held for longer than is necessary, after which time it will be destroyed, although relevant information will be retained in the longer term to facilitate our equal opportunity monitoring. If your application is successful, the information will form part of your file and we will be entitled to process it for all purposes in connection with voluntary work. So that we may use the information for the above purposes and on the above terms, we are required under the Act to obtain your explicit consent. Accordingly, please sign the consent section below.

I CONSENT TO MY PERSONAL INFORMATION BEING USED FOR THE PURPOSES AND ON THE TERMS

SET OUT ABOVE. Name (please use capitals): Signature: Date: FOR OFFICE USE ONLY: Date consent Data approved to Removal of consent Date data disposed Data received by be shared with received and phone, email, hard received. of and method of approval for data to copy or other. others. disposal actioned. be held. **VOLUNTEERING** Other Please state your skills/interests: