Community connector volunteer Application form

Please fill out this application form if you are interested in becoming a Community Connector. You can return this form to us via freepost at **Freepost HEALTHWATCHNORTHYORKSHIRE** or email the completed form to hello@hwny.co.uk .

Personal details

First name	
Surname	
Date of birth	
Home address	
Telephone number	
Email Address	

Are you over the age of 18?   Yes ☐   No ☐

If you are under the age of 18 we will need a parent or guardians permission before you can volunteer with us. Please contact Healthwatch North Yorkshire on hello@hwny.co.uk to request a parental consent form which will need to be completed in addition to this application form.

Emergency contact

Emergency contact name	
Telephone number	
Email address	

Reasonable adjustments

Please let us know of any reasonable adjustments required to allow you to become a community connector	

Community connector role

Why are you interested in becoming a community connector?

Declarations

| DATA PROTECTION | As part of our volunteer management process, we may collect and store sensitive personal data about you. We are required by law to obtain your consent to such data being recorded. It is our policy to store data relating to recruitment procedures for a minimum of 12 months after the date on which a volunteer officially leaves the |

organisation. Any information of this nature will be treated confidentially.

Sensitive personal data is defined as information relating to any of the following: racial or ethnic origin, political opinions, religious beliefs, trade union membership, health, sexual orientation, offences and/or convictions.

Any information you give in this form will be kept on the Healthwatch North Yorkshire database and in accordance with the Data Protection Act will not be shared with anyone else without your permission.

I confirm that the information in this application form is accurate to the best of my knowledge.

I consent to Healthwatch North Yorkshire storing my data.

Signed	
Date	