**Text

Description automatically generated with low confidence**

**Volunteer Application Form**

**If you have any questions whilst completing your volunteer application, please contact us on:** [**hello@menstrualhealthproject.org.uk**](mailto:hello@menstrualhealthproject.org.uk) **Personal Details  
(PLEASE COMPLETE THIS SECTION IN BLOCK CAPTIALS)**

|  |  |  |
| --- | --- | --- |
| **Title:** |  | |
| **First Name:** |  | |
| **Surname:** |  | |
| **Likes to be known as:** |  | |
| **Pronouns:** |  | |
| **Gender:** |  | |
| **Date of Birth:** |  | |
| **Employment Status:** |  | |
| **Current Occupation:** |  | |
| **Address:**  **Post Code:** | | |
| **Contact Number:** | | **Email address:** |

**Additional Information**

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| --- |
| **Please let us know if there are any further circumstances that would like us to be aware of. Or if there any medical concerns, conditions or disabilities that you have that you wish to share with us, so we know how to best support you as a volunteer.** |

**Emergency Contact Details**

|  |  |  |
| --- | --- | --- |
| **Emergency Contact Name:** | **Emergency Contact Number:** | **Relationship to you:** |
|  |  |  |

**References  
Please provide information for two referees who can provide a character reference for you. Please be aware we are unable to accept references from any family members. We ask that the referees have know you for a minimum of 2 years and you know through an educational or work capacity.**

|  |  |
| --- | --- |
| **Reference 1** |  |
| **First Name:** |  |
| **Surname:** |  |
| **Email Address:** |  |
| **Contact Number:** |  |
| **How do you know this person?** |  |
| **How long have you known this person?** |  |

|  |  |
| --- | --- |
| **Reference 2** |  |
| **First Name:** |  |
| **Surname:** |  |
| **Email Address:** |  |
| **Contact Number:** |  |
| **How do you know this person?** |  |
| **How long have you known this person?** |  |

**Criminal Convictions**

|  |  |
| --- | --- |
| Some volunteering roles may require us to undertake a standard or enhanced DBS check. If we were to undertake a DBS check, would any previous convictions be revealed?  **Please tick as appropriate:** **YES** **NO**  **If YES, please provide details:** | |
| **Signed:** | **Date:** |

\*A criminal record will not automatically bar a person from volunteering with Menstrual Health Project\*

**General Information**

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| **Which role are you interested in?** |

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| --- |
| **How did you hear about this role?** |

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| --- |
| **Do you have any previous volunteering experience?** |

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| --- |
| **Why would you like to volunteer with Menstrual Health Project?** |

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| --- |
| **What experience and skills make you a good fit for this role?** |

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| --- |
| **How many hours per week/month are you willing to volunteer? Do you have any specific times/days you would like to carry out volunteering/volunteering tasks on?** |

|  |
| --- |
| **Is there anything else you would like to include on your application or let us know?** |

**Confidentiality, Data Protection and Declaration**

**Confidentiality**   
I understand everything I hear or learn within the course of my duty as a volunteer at Menstrual Health Project must be treated in the strictest of confidence and should be considered confidential unless I am specifically told otherwise.

This includes information regarding other members of the Menstrual Health Project team including Co-founders, trustees and other volunteers along with supporters of the organisation. Also relating to any information on upcoming projects, resources, events and plans for the charity.

By agreeing to the above, I understand that I must not share this information with anyone outside of Menstrual Health Project including family and friends.

I agree that my duty to confidentiality continues even if I stop volunteering for Menstrual Health Project.

**Data Protection**I understand that this information form will become part of my personal volunteer file. The information will be held securely and confidentially and will be accessed by authorised individuals.

I have read and understood the confidentiality declaration and agree to this.

I can confirm I have reviewed the information I have provided and declare that to the best of knowledge the information given on this form and any other documents accompanying this one are true. If any information I have given proves to be incorrect or inaccurate, I am aware this may impact future involvement with Menstrual Health Project and being a suitable volunteer.  
  
  
  
Signed…………………………………………………………. Date………………………………………………………….

**Volunteer agreement**   
  
Signed…………………………………………………………. Date………………………………………………………….

**Volunteer code of conduct**  
  
Signed…………………………………………………………. Date………………………………………………………….