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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| C:\Users\gail\Downloads\Cwlwm Seirol -Logo bach.jpg | | | | Volunteer Registration Form | | | | | | | | | | | | |
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| **About me** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Title: |  | | First Name: | | |  | | | | Email: |  | | | | | |
|  | | | | | | | | | | | | | | | | |
| Surname: |  | | | | | | | | | Phone: |  | | | | | |
|  | | | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | Mobile: |  | | | | | |
|  | | | | | | |
|  | | | | | | |
| Postcode: |  | | | | | | | | | I am over 18: | | | □ Yes | | □ No | |
|  | | | | | | | | I am a Welsh speaker | | | | | □ Yes | | □ No | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **My interest in volunteering with the project** | | | | | | | | | | | | | | | | |
| I have the following skills/knowledge/experience to offer the project: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| I would particularly like to develop the following skills/knowledge/experience: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **My availability:** Variable | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Monday  □ | | Tuesday  □ | | | Wednesday  □ | | Thursday  □ | | Friday  □ | | | Saturday  □ | | Sunday  □ | | |
| Weekly  □ | | Monthly  □ | | | Other  □ | |  | |  | | |  | |  | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Access requirements / health conditions:** | | | | | | | | | | | | | | | |
| Do you have any access requirements or health conditions that we should know about? □ Yes □ No | | | | | | | | | | | | | | | |
| Please tell us more here (e.g. medications, allergies, etc.): | | | | | | | | | | | | | | | |
| **Emergency contact:**  Please give us details of someone we could contact in case of an emergency.  Name:  Contact number:  How do you know this person? | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |

**Privacy Notice**

1. **Why we need your information**

The Cwlwm Seiriol project officer will use your information to let you know about volunteering and training opportunities. We also need to know who we should contact in case of an emergency. The data you supply will be entered into a volunteer spreadsheet.

1. **Justification for using your Information**

We are using your information based on your consent.

1. **Sharing your information**

The information you provide will not be shared with any other organisations.

1. **Automated Decision Making**

The Cwlwm Seiriol project will not use your information for automated decision making or profiling.

1. **How long we keep your information and your rights**

The information you supply will be kept securely until the end of the project (31/08/2023) or until you inform us that you no longer want us to retain the information in which case it will be deleted.

For further information about your rights and the Data Protection Officer’s contact details visit: <https://www.mentermon.com/en/>