

Personal Information form –

For volunteering at a Local Network Event

Our 50 Local Networks operate across the UK bringing local people affected by Crohn’s and Colitis together and

raising awareness of the conditions with members of the public. From educational talks to social events, we help give people the comfort and confidence to live freer and fuller lives.

Thank you for volunteering to assist this mission by helping your Local Network reach their local community.

To register you as a volunteer we just need a few details from you. Please complete the form below and return to [volunteering@crohnsandcolitis.org.uk](mailto:volunteering@crohnsandcolitis.org.uk). We hope you have a great experience volunteering with us.

Those under 18 can become a Local Network Event Volunteer but will be required to be accompanied by their responsible adult at all times. Both the child and responsible adult will need to apply to be volunteers.

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| Your full name: | | **If filling in on behalf of a child, please complete this section about the child** |
| Your date of birth if under 18 (DD/MM/YY): | | Child’s name: |
| Your email address: | | Child’s date of birth: |
| Your phone number: | | Child’s email address: |
| Your address: | | Child’s phone number: |
| Are you a Crohn’s & Colitis UK member?  ☐ Yes Membership Number:  ☐ No | | Child’s address: |
| How did you hear about this volunteer opportunity?  ☐ Crohn’s & Colitis UK Website ☐ Volunteer Centre ☐ Do-it.org ☐ Crohn’s & Colitis UK Volunteer  ☐ Other - please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| If you have any access requirements or health issues which we should be aware of, please state them here: | | |
| I commit to upholding the reputation of Crohn’s & Colitis and have familiarised myself with the attached guidance. I declare the information I have provided is a true and accurate record. | | |
| Printed Name: | Dated: | |
| Privacy | | |
| At Crohn’s & Colitis UK, we take your privacy seriously. We will use your personal information to keep in touch with you about your volunteering. This will include sharing your contact details with other volunteers in the Local Network to enable you to fulfil this role.  If you agree, we would also like to get in touch with you with news and updates of other ways you can make a difference to those affected by Crohn’s and Colitis. Please tick below to let us know how you’d like us to send you our news and updates:   ☐ Post                 ☐    Email            ☐    Telephone  ☐ I do not wish to receive news & updates in the future  For full details of how we use and protect personal data go to our [website](https://www.crohnsandcolitis.org.uk/about-us/your-privacy-and-data-protection) | | |

This information form is for registration as a short-term/Ad Hoc role.

If you are looking for something more regular, please contact our volunteering team on 01727 617313.

Our commitment to volunteers

As part of the volunteering experience, Crohn’s & Colitis UK will:

* Provide a clear volunteer role description and responsibilities
* Provide resources and ongoing support, development and training opportunities relevant to your role
* Provide a staff contact for your role
* Respect you and listen to what you have to say
* Keep you informed of any changes or developments affecting you
* Provide the opportunity to be involved with decisions that affect your role, where appropriate
* Ensure you feel comfortable with the amount of volunteering you are asked to do
* Celebrate achievements and recognise your contribution
* Take steps to ensure your health, safety and welfare when volunteering
* Reimburse out of pocket expenses (in line with policy)
* Work within the scope of the Charity’s values, policies and procedures
* Process and use your personal data in line with the General Data Protection Regulations 2018
* Encourage you to become a member of the organisation so you can participate in decision making

Our expectations of volunteers

As part of the volunteering experience, Crohn’s & Colitis UK expects volunteers to:

* Adopt our values in supporting us to achieve our aims and objectives by volunteering in partnership with other volunteers, staff and the public
* Volunteer within the scope of the Charity’s policies and procedures, with particular reference to data protection, safeguarding, confidentiality, financial management and legal obligations e.g. health and safety
* Maintain and protect the reputation and integrity of the Charity, acting responsibly and within the law
* Remain accountable for your behaviour and actions by being open to learn, listen and receive feedback
* Be reliable and honest, giving the best of your skills and abilities
* Be inclusive and treat everyone fairly with dignity and respect
* Fulfil the commitment you have undertaken, ensuring you are realistic about your availability
* Attend development and training events relevant to your role
* Keep in regular touch with your staff contact as required (informing them of changes that might affect your volunteering) and communicating any problems so that solutions can be found together
* Enjoy yourself!

Expenses

It is our commitment that volunteers should not be out-of-pocket because of their volunteering activity. The Charity’s policy is to reimburse any reasonable out-of-pocket expenses incurred whilst undertaking the voluntary role (e.g. travel, accommodation), in line with the **Travel & Subsistence Policy** - subject to the production of receipts and advanced agreement of the staff contact.

Health & Safety

We are committed to creating environments that promote the health, safety and wellbeing of all volunteers. All health and safety incidents should be reported to your staff contact.

Volunteers that are active in the organisation or delivery of community events must ensure that all necessary steps are taken to ensure the safety of themselves and the public (i.e. risk assessments) in accordance with general health and safety legislative requirements. It is important that volunteers accept the responsibility to comply with health and safety information and speak with their staff contact if they are unsure about a situation or believe they require training. Please see the **Health & Safety Policy.**

Insurance

Crohn’s & Colitis UK’s public and employer’s liability insurance policies provide cover for the activities of volunteers. The organisation does not insure personal possessions against loss, theft or damage. Volunteers using their own vehicles for the course of carrying out their role are required to ensure they are adequately covered with their own insurance company. *Please note that the existing insurance cover of Crohn’s and Colitis UK also provides a level of personal accident, but this only extends to employees.*

Safeguarding

**Crohn’s & Colitis UK is committed to ensuring that every child, young person or adult with care or support needs who participates in activity or accesses services provided by us can do so in an enjoyable and safe environment and should be protected from abuse. The Safeguarding Policy is designed to make welfare a priority and dedicated Safeguarding Officers are on hand to support and advise on any concerns. Volunteers are required to operate in line with the policy and the guidance provided to them.**

Useful Information

For further information regarding volunteering at Crohn’s & Colitis UK please contact the Volunteering Team on 01727 734 475 or [volunteering@crohnsandcolitis.org.uk](mailto:volunteering@crohnsandcolitis.org.uk).

**Part B – Equality, Diversity and Inclusion Monitoring**

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| **Crohn’s & Colitis UK always treats your personal details with great care and we keep your information safe. We only hold information for communication, analysis and administrative purposes, and our full privacy notice explains what we do, and how we control your personal information.**    **We know that some types of personal details are more sensitive. We only request this information to support our work when there is a clear reason for this. For example, to make improvements to our patient information, or to better inform our work.**  **Sharing this information with us is optional and you can have this data removed from our records at any time.** |
| **What is your date of birth?**  \_\_/\_\_/\_\_\_ |
| **Which of the following best describes your gender?**  ☐ Man  ☐ Non-binary  ☐ Woman  ☐ Prefer to self-describe (please describe) ………………………………………………….  ☐ Prefer not to say |
| **What is your ethnic group?** *Choose one option that best describes your ethnic group or background.*  Asian / Asian British  ☐ Bangladeshi  ☐ Chinese  ☐ Indian  ☐ Pakistani  ☐ Any other Asian background, please describe ………………………………………………….    Black / African / Caribbean / Black British  ☐ African  ☐ Caribbean  ☐ Any other Black / African / Caribbean background, please describe …………………………………………………  Mixed / Multiple ethnic groups  ☐ Asian and White  ☐ Black Caribbean and White  ☐ Black African and White  ☐ Any other Mixed / Multiple ethnic background, please describe ………………………………………………….    White  ☐ English / Welsh / Scottish / Northern Irish / British  ☐ Gypsy or Irish Traveller  ☐ Irish  ☐ Any other White background, please describe ………………………………………………….    Any other ethnic group  ☐ Arab  ☐ Any other ethnic group, please describe …………………………………………………. |
| What is your primary connection with Crohn’s Disease or Ulcerative Colitis?  ☐ I have Crohn's Disease  ☐ I have Ulcerative Colitis  ☐ I have another form of Inflammatory Bowel Disease (IBD)  ☐ I am a parent or carer of someone with Crohn's or Colitis  ☐ I am a friend of someone with Crohn's or Colitis  ☐ I am a relative of someone with Crohn's or Colitis  ☐ I am a Healthcare Professional  ☐ Other …………………………………………………. |