Volunteer Application Form

Thank you for your interest in volunteering with MycoBee Mushrooms.

Please complete all sections.

**ABOUT YOU**

|  |  |
| --- | --- |
| FULL NAME: |  |
| HOME ADDRESS: |  |
| OCUPATION: |  |
| COMPANY: |  |
| WORK ADDRESS: |  |
| MOBILE NUMBER: |  |
| EMAIL ADDRESS: |  |
| D.O.B.: |  |

**YOUR AVAIBILITY**

Thick relevant box when you are available or write down exact hours.

|  |  |  |
| --- | --- | --- |
| **DAY** | **MORNING** | **AFTERNOON** |
| MONDAY |  |  |
| TUESDAY |  |  |
| WEDNESDAY |  |  |
| THURSDAY |  |  |
| FRIDAY |  |  |
| SATURDAY |  |  |
| SUNDAY |  |  |

**ADDITIONAL INFO REGARDING YOUR AVAILABILITY**

Are you available weekly/monthly/on regular basis/occasionally/one off help?

|  |
| --- |
|  |

**EMPLOYMENT STATUS**

Tick relevant box/boxes.

|  |  |
| --- | --- |
| NOT EMPLOYED |  |
| EMPLOYD |  |
| SELF-EMPLOYED |  |
| BUSINESS OWNER |  |
| RETIRED |  |
| OTHER |  |

To offer you most appealing volunteering post, we would like to know more about you. Please answer to all the questions.

|  |  |
| --- | --- |
| 1. **WHY WOULD YOU LIKE TO VOLUNTEER FOR US?** |  |
| 1. **WHAT DO YOU KNOW ABOUT MUSHROOM GROWING?** |  |
| 1. **WHAT DO YOU KNOW ABOUT MUSHROOMS IN GENERAL?** |  |
| 1. **DO YOU GROW YOUR OWN FOOD?** |  |
| 1. **WHAT INTERESTS, HOBBY DO YOU HAVE?** |  |
| 1. **ARE YOU A GOOD TEAM LEADER?** |  |
| 1. **WHAT IS YOUR EMPLOYMENT HISTORY?** |  |
| 1. **DO YOU HAVE DRIVING LICENCE AND OWN TRANSPORT?** |  |
| 1. **THERE IS CLEANING INVOLVED IN MUSHROOM FARMING, DO YOU HAVE ANY CLEANING EXPERIENCE?** |  |
| 1. **DO YOU HOLD VALID FOOD SAFETY CERTIFICATE?**   **IF SO, WHICH ORGANISATION ISSUED THE CERTIFICATION?** |  |
| 1. **HAVE YOU VOLUNTEERED BEFORE?** 2. **IF SO, PLEASE PROVIDE WITH DETAILS** |  |
| 1. **WHAT RELEVANT SKILLS AND EXPERIENCES DO YOU HAVE?**   **BOTH IN MUSHROOM FARMING AND HOSTING EVENTS**  If you need more space, please attach a page. |  |

**CRIMINAL CONVICTIONS**

Ex-offenders will be considered solely on merit and suitability for the specific role. Suitability includes the requirement of legislation where relevant to the role and the offence.

|  |  |
| --- | --- |
| Please give details of any unspent convictions and cautions in accordance with Rehabilitation of Offenders Act Order 1975 (Northern Ireland) 1979. If not relevant, please mark N/A in box |  |

**HEALTH & SAFETY**

|  |
| --- |
| **Health and Safety**  Do you have a disability or a health issue (including pregnancy) which you would like us to take into account? (If yes, please give details below) **Yes / No\***  Please provide us with an emergency contact name and number\* for someone we can get in touch with, in case of an unlikely emergency when you are on-site at the organisation.  Name: ………………………………………… Relationship: …………………………... Number: ………………………..  **\*This will be treated confidentially, and will be stored securely, and the emergency contact will only be contacted for that purpose.** |

**REFEREES**

Please provide the names and addresses of two persons willing to act as referees on your behalf. They should not be related to you or live at the same address. References may be sought as part of the selection process.

**REFEREES 1**

|  |  |
| --- | --- |
| NAME: |  |
| OCUPATION: |  |
| ADDRESS: |  |
| TELEPHONE: |  |
| EMAIL |  |

**REFEREES 2**

|  |  |
| --- | --- |
| NAME: |  |
| OCUPATION: |  |
| ADDRESS: |  |
| TELEPHONE: |  |
| EMAIL: |  |

**GENERAL DATA PROTECTION REGULATIONS (GDPR)**

When you become a volunteer, we will collect and store some of your personal information on our supporter database for the following reasons:

Your safety

To protect our company & improve performance Communication

We will collect and store the following information: health issues including remedial measures to take, an emergency contact including phone number/email address for you.

We will ask for details of relevant criminal convictions and store them in a specially protected part of our database.

We will also keep training records such as skills training to ensure volunteer groups are kept safe and that we are fulfilling our health & safety obligations.

We will collect basic information to allow us to communicate with you such as name, address, telephone number and email address.

Data statement Your personal information will be recorded in our supporter database and will be retained only for as long as is permitted by UK legislation. All information you supply will be held in strict confidence for use within our company only and unless you give prior written consent, your personal data will not be provided to any third party except where we have a legitimate interest (such as a joint project with another organisation where volunteers are shared) and/or statutory obligation to do so (where asked by the police).

We will only process and store your personal data if you become a volunteer.

If not, we will destroy/delete your application within 12 months.

We have a data retention period of 7 years after you finish volunteering with us after which all your personal data will be destroyed/deleted. We will however retain non detailed, generic data such as the fact that you were once a Trust volunteer. We are committed to the safekeeping of personal details of our members, supporters and anyone else whose information we hold.

Mycobee Mushrooms Privacy Notice explains how and why we use your personal data, to ensure that you remain informed and in control of your information. In accordance with new regulations, as of 25 May 2018 we need your permission to stay in touch by email.

If you would like to hear from the Mycobee Mushrooms by email about future volunteer related events, news and activities, please let us know using the options below.

Please be aware that this will not affect your receipt of communications directly relevant to the administration of your role, nor from wider areas of Mycobee Mushrooms, if you are a member.

I would like to receive emails from Mycobee Mushrooms about future volunteer related events, news and activities. Please circle relevant answer.

Yes

No

DECLARATION

I declare the information I have given on this form is, to the best of my knowledge, true. By signing this form I understand that my data will be processed in accordance with the above.

SIGNATURE

DATE

Please return this form to:

MYCOBEE MUSHROOMS

Turkeytorium, Unit 5, Fenton Barns

North Berwick, EH39 5AN

EAST LOTHIAN

Or email: info:mycobee.org