** Days/time available:**

 **Preferred role:**

**Volunteer Registration Form**

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| Thank you for your interest in volunteering with Eskdale Mill and Heritage Trust. For all enquiries, please contact **Kate Hughes**, Mill Manager on manager@eskdalemill.co.uk or leave a message on 01946 723335.To enable us to plan and run activities as safely as possible we require you to complete the following form. Please read carefully before completing and sign at the bottom of the page. ***All information will be held as confidential and conforms with General Data Protection Regulations.*** |
| **VOLUNTEER DETAILS** |
| **Name:** |  |
| **Address:** |  |
| **Post Code:** |  |
| **Telephone:** |  |
| **Mobile Telephone:** |  |
| **Email address:** |  |
| **EMERGENCY CONTACT DETAILS** |
| **Name:** |  |
| **Telephone:** |  |
| **Mobile Telephone:** |  |
| **Relationship:** |  |
| **SAFETY STATEMENT** |
| *The Eskdale Mill and Heritage Trust works hard to ensure that all activities undertaken by volunteers are as safe as is reasonably practicable. To assist us with this, we ask that all volunteers work within the guidance and risk assessments set out by your supervisor for the scheduled tasks and abide by safety briefings for the work to be carried out.* *We would remind all volunteers that they are responsible for their own safety and have a duty of care to others around them whilst undertaking the work.* *A full copy of the Eskdale Mill and Heritage Trust health and safety policy is available to view on request.* |
| **MEDICAL INFORMATION** |
| ***Some of the activities for the Eskdale Mill and Heritage Trust may be physically demanding*** *Are there any medical conditions, allergies, recent illnesses or injury that may impact on your health or safety, or any medication/first aid requirements that Eskdale Mill and Heritage Trust should be made aware of?* |
| **If YES to any****please provide** **further****detail****below:** |

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| **Have you had or do you have any of the following (please answer all) YES or NO** |
| * Asthma or Bronchitis
* Severe Headaches
* Diabetes
* Heart Condition
* Epilepsy
* Hearing Loss
* Partial Sight
* Head Injury
* Back/neck problems
 |  | * Giddiness, Fits, Fainting or Blackouts
* Allergic to any Medication
* Any other allergies e.g. Food, Materials
* On regular Medication
* White finger, Hand Arm Vibration Syndrome, Raynaud’s Syndrome
* Other industrial disease

Previous work history:* Noise environment requiring ear protection
* Worked with vibrating tools
* Suffered an industrial accident
 |  |
| Further details: |

 |
| **Doctors details and any prescribed medication:**  |  |

In order to provide a good service to you, please provide the following information.

|  |
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| **Do you consider yourself to have difficulties in reading or require any help to carry out our activities?** Yes / NoPlease provide further information here: |
| **Qualifications/Training/Experience** |
| **What is the highest level of qualification that you have achieved?** |
|  | Tick | Further details |
| None |  |  |
| Level 1 (Foundation level) |  |  |
| Level 2 (GCSE/O level), |  |  |
| Level 3 (A level/national diploma), |  |  |
| Level 4 (University Degree) |  |  |
| Level 5 (Post graduate/Professional) |  |  |
| **Do you hold any qualifications/experience relating to visitor management, traditional milling, museum management, engineering, practical conservation, construction or landscaping industries?** If so, please state: |
| **Why you want to volunteer? Tick any that apply** |
| Gain skills/qualifications |  | Spend time in the countryside |  |
| Gain confidence |  | Help overcome personal issues |  |
| Improve employability/work experience |  | Take part in improving the environment |  |
| Keep active/fit |  | Meet new people/socialise |  |
| Other reasons, please state below: |  |
|  |
| **Please indicate below, any specific skills/experience/qualifications you wish to gain with Eskdale Mill:** |

EMHT Volunteer Agreement

|  |  |
| --- | --- |
| *Our Expectations* | *Opportunities in Return* |
| * Volunteers give their time and commitment to support EMHT projects
* Volunteers turn up on time or promptly inform the Mill Manager if unable to attend
* To follow instructions for training, supervision and health and safety.
* To carry out a criminal record check in order to assess the safety of children, young adults and vulnerable adults, that we work with.
* To respect members of the EMHT and volunteers and to treat each other equally.
* To work as part of a team and respect each other allowing everyone a fair chance to have an opinion and be able to work in a safe and enjoyable environment.
* To be respectful to the local environment where they are working and be polite and courteous to members of the public who visit
* For cigarettes and phones to be used only during tea breaks and not during periods of work.
* To look after and handle carefully all EMHT materials, equipment and tools
* To be free from the influence of alcohol or drugs at any time whilst volunteering.
 | * Learn a variety of interesting and transferable skills
* Opportunities to undertake relevant training and guidance
* Receive support from EMHT to aid successful results and enhance future careers outcomes
* An up to date reference for future employers/relevant organisations.
* For the EMHT to respect all its volunteers and their opinions.
* The opportunity for all volunteers to ask questions freely or request clarification
* A 30min lunch break and two 15min comfort breaks during the day
* Hot drinks and welfare facilities to be provided by the EMHT
* For there to be cigarette and phone breaks at appropriate times.
* Be provided with safety footwear, gloves and uniform as required.
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| **IMAGES** |
| *As part of ongoing activities, the Eskdale Mill and Heritage Trust may take photographs or videos for purposes of publicity and supporting funders’ criteria. These may be included in press releases, on displays, in reports, throughout our website & social media and throughout our marketing strategy, such as leaflets. We therefore require your consent for any photographs, film or recorded images being used.* |
| **I give consent for any photographs or images of myself to be used for the purposes outlined above.** | *Delete as applicable* |
| **YES** | **NO** |
| **DECLARATION** |
| *I declare, that to the best of my knowledge, that the answers given above are correct, that I am fully able to carry out the tasks without risk to my own safety or that of others and that I will comply with health and safety requirements of the activities that I will be involved with.*  *I agree to notify the Eskdale Mill and Heritage Trust of any changes that may affect my health and safety.* *I confirm that I am 18 years of age or over.* |
| *I understand that the Eskdale Mill and Heritage Trust cannot be held responsible for any loss or damage to personal property or accidental injury in connection with volunteering activities.*  |
| ***Signed:*** |  | ***Print:*** |  | ***Date:*** |  |

**STRICTLY CONFIDENTIAL – EQUAL OPPORTUNITES MONITORING & EVALUATION FORM**

Eskdale Mill & Heritage Trust is committed to the principles of Equal Opportunities.

The information you provide on this form will be used for monitoring and funding purposes and will be kept confidential.

All information is required, however you may choose to tick the ‘Undisclosed’ box for each question.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sex** (please tick) | Male |  | Female |  | Undisclosed |  |

|  |
| --- |
| **Ethnicity** (please tick) |
| White |  | Pakistani |  | Bangladeshi |  |
| Black African |  | Black Caribbean |  | Black Other |  |
| Indian |  | Chinese |  | Asian (other) |  |
| Other (please specify) |  | Undisclosed |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Postcode** |  | Undisclosed |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of birth** | D | D | M | M | Y | Y | Y | Y | **Age** |  | Undisclosed |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Do you consider yourself to have a disability?** | No |  | Yes |  | Undisclosed |  |
| Mobility |  | Visual |  | Hearing | Other (please specify below) |  |
|  |

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| --- |
| **Employment Status (please tick)** |
| Full Time |  | Part Time |  | Student |  | Retired |  |  |
| Other (please specify) | Undisclosed |  |

|  |
| --- |
| **Career/Work** |
| Skilled (please specify | Unskilled (please specify) | Previous sector (please specify) | Previous training (please specify) |
| Future aspirations | Undisclosed |  |

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| --- |
| **Background** |
| Single parent |  | Long term unemployed |  | Mental health issues |  |
| Drug/alcohol rehabilitation |  | Under 25 NEET |  | Disability issues |  |

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| **How did you hear about this volunteer post?** |
| Internet |  | EMHT Website/social media |  | Do-it.org |  |
| Press/magazine |  | Word of mouth |  | Local knowledge |  |