

**Bike Active North Suffolk (BANS) Volunteer Application – registered charity 1209467**

**Personal Details**

Title:			
First name(s):		Known as:	
Last name:			
Date of Birth / height / Weight: (For bike matching purposes)	DOB:	Height (m):	Weight (kg):
Address:			
Postcode:			
Contact Number:			
Mobile Number:			
Email address:			
Emergency Contact Name:			
Emergency Contact Phone Number:			

**Have you volunteered before? If YES please tell us about it**

**What type of volunteering would you like to do (tick ALL that apply)?**

Admin or behind the scenes support [ ]	Finance/Accounting [ ]
Cycle ride support (on rides) [ ]	Fundraising [ ]
Mechanics & Maintenance Support [ ]	Ride Leader and/or First Aider [ ]
Events / Tasters Delivery [ ]	Marketing and Promotion [ ]
Social Media [ ]	Publicity & Social Media and IT support [ ]
Something else, please specify: _____ (continue overleaf)	

**In your own words, please tell us why you would like to become a volunteer**

**How did you find out about volunteering with BANS?**

- |   |   |
|---|---|
| BANS Member [ <input type="checkbox"/> ]                                | Friend [ <input type="checkbox"/> ]                               |
| Cycling UK Website [ <input type="checkbox"/> ]                         | Event [ <input type="checkbox"/> ]                                |
| British Cycling Website [ <input type="checkbox"/> ]                    | Volunteer Centre [ <input type="checkbox"/> ]                     |
| Wheels For All Website [ <input type="checkbox"/> ]                     | Social Media (Facebook or Instagram) [ <input type="checkbox"/> ] |
| Newspaper [ <input type="checkbox"/> ]                                  | Radio/TV [ <input type="checkbox"/> ]                             |
| Existing Participant (volunteer or client) [ <input type="checkbox"/> ] | Passing By [ <input type="checkbox"/> ]                           |
| Other (please give details) [ <input type="checkbox"/> ]                |   |

**Do you have work, volunteer, training, or life experience relevant to the role (when did you do this)?**

**Include any skills that you have that could benefit participants or BANS cycling (e.g. cycle maintenance, ride leader, 1<sup>st</sup> aid, customer service, sign language, healthcare, finance, social media)**

**Do you have any needs that require our support to enable you to become a volunteer with BANS?  
This could be any health issues, disabilities, or caring roles (note certain training will be given before and during volunteering with us – e.g. Safeguarding, H&S, ride conduct, etc)**

**Are you able to attend and support outreach sessions at locations in north Suffolk (consider ability to travel, and sharing lifts with other volunteers)?**

YES  NO  State any distance or time limits:

**Please tick when you could be available to volunteer**

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
AM							
PM							
EVE							

**Any other information regarding availability. Ex: (every other Sunday)**

### **Criminal Records**

As we meet the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974, applicants who are offered volunteering opportunities with vulnerable adults or in positions of financial responsibility will be subject to a criminal record check before the appointment is confirmed.

This will include details of cautions, reprimands, or final warnings, as well as convictions.

Any information given will be confidential and will only be considered in relation to an application for a position to which the order applies. We would like to stress that having a conviction or caution will not necessarily prevent you from gaining a volunteer placement with us.

**Do you have any convictions, cautions, reprimands, or warnings?**

(Please disclose any convictions, cautions, warnings, reprimands and previous or pending investigations as these will all appear on DBS checks which we will initiate)

**How can we communicate with you?**

To enable us to keep in touch with important updates to support you as a volunteer, such as training events, meetings, resources or Wheels for All news. Please let us know how you wish to be contacted, you can change this at any time. Likewise, please do let us know if your contact details change. If you change your mind about any of your choices or have any concerns about any communications from us, please contact our Secretary.

**I am happy for my data to be used by BANS for promotion, &/or to contact me about (tick all that apply):**

BANS publications, meetings, general updates, or circulars	
Volunteers updates including training, events, opportunities and social activities	
Other volunteering opportunities	
How I can get involved in Fundraising	
Engagement with other volunteers	

**I am happy to be contacted via: (tick all that apply)**

Email	
Post	
Telephone	
Text / WhatsApp (we prefer volunteers being in the BANS WhatsApp group for comms)	

**HEALTH & SAFETY AND SECURITY STATEMENT**

All client-facing volunteers will to be DBS checked as part of our requirements – please ask for copies of relevant governance if required.

As part of our Risk Assessment and Health & Safety Policy, we expect all riders to wear cycle helmets and comply with other Personal Protective Equipment requirements. If you feel unable to do this, speak to our Secretary, Chair, or Ride Leader – you must sign the waiver below accepting responsibility for this:

<p>I <u>DECLINE TO WEAR A CYCLE HELMET</u> DURING BANS RIDE SESSIONS</p> <p>Signed:</p>	<p>Date:</p>
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**DATA PROTECTION STATEMENT**

BANS will process and be in control of the data provided on this form – however we have to share relevant contact details with organisations to enable us to class you as an “Official” of BANS while participating in our group activities – this is essential for insurance purposes when we interact with national organisations such as Wheels For All, British Cycling and Cycling UK and any chosen insurer engaged by BANS. In signing this consent you give BANS consent to sharing this required information at our discretion, and that it may lead to you receiving online communications from them such as periodic articles relevant to what BANS does.

The information which you provide in this form and any other information obtained or provided during the course of your volunteering with us (“the information”) will be used for the purpose of assessing

your suitability for roles, in emergency situations e.g. to protect life or in a medical situation, and in relation to relevant interests of BANS.

If you choose not to volunteer, the information will be retained for a further 6 months in the event of a more suitable opportunity arising, after which time it will be destroyed.

You have the right to data portability, request access to, rectification or erasure of your data collected as part of this process.

If your application is successful, the information will form part of your volunteer file and we will be entitled to process it for all purposes in connection with your voluntary role.

So that we may use the information for the above purposes and on the above terms, we are required to obtain your explicit consent. Accordingly, please sign the consent section below. You have the right to withdraw your consent at any time and the right to lodge a complaint with the Information Commissioner.

You must ensure that you have the full permission of your nominated "Emergency Contact" that is stated above and shared with us in order to comply with our requirements in the above statements and our Governance – this will not be shared unnecessarily.

I CONSENT TO MY PERSONAL INFORMATION BEING USED FOR THE PURPOSES AND ON THE TERMS SET OUT ABOVE.  Signed:	Date:
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**Please return this form ideally by email to:**

info@bansuffolk.co.uk

**Message to have in the title/subject bar:**

FAO: The Secretary / Chair – volunteer application

**Our registered address if posting is:**

1 Sarsen Close  
Halesworth  
Suffolk  
IP19 8JP