

## Volunteer Application

Name

Date:

Address

Date of Birth

Tel. Home:

Mobile:

Email address:

Where did you hear about the volunteer opportunities at TOB

What is your heart motivation in applying to TOB and what do you consider you could bring to the ministry?

Please provide details of two referees we may approach

1st reference

How do they know you? And for how long?

Contact details for the above person?

2nd reference

How do they know you? And for how long?

Contact details for the above person?

Do you have any objection to your personal details being held by The Olive Branch (Faith in Action)

Are you registered disabled?

Signed

Date

Print

**Volunteers are appointed at the discretion of the Trustees**

**GENERAL DATA PROTECTION REGULATIONS (GDPR).**

**MEMBER PRIVACY NOTICE.**

**“By signing this ‘privacy notice’ you have consented to The Olive Branch (Faith in Action) recording your contact details. We will only use your contact details to:**

**· Communicate with you on matters such as, newsletters, meetings, training, special events volunteering opportunities and matters that may be of interest to members of The Olive Branch (Faith in Action).**

**We will not pass your contact details onto anyone else.**

**In relation to the data we hold, you have the right to: obtain a copy; rectify any mistakes; request erasure; restrict processing. Your personal data will be removed from our records when you cease to be a The Olive Branch (Faith in Action) member.**