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| **VOLUNTEER APPLICATION FORM** |
| Thank you for your interest in volunteering at Mind Aberystwyth! The information provided is confidential and will only be seen by the person taking part in the selection process. |

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| --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | |
| **Address:** |  | | | | |
| **Postcode:** |  | | | | |
| **Email:** |  | | | | |
| **Telephone** | **Home:** |  | | **Mobile:** |  |
| **Where did you find out about this role?** | | |  | | |
| **Next of Kin:** | |  | | | |
| **Address:** | |  | | | |
| **Contact Number:** | |  | | | |
| **Relationship to you:** | |  | | | |

Office Use Only: Form Received - / / Volunteer Contacted - \_\_/\_\_/\_\_ References Contacted? Y/N

*Mind Aberystwyth could not realise its mission without volunteers. Thank you for taking the time to provide this application.*

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| **What times are you available to commit to volunteering? Be specific with times if needed. (Please note our Mums Matter group will run on a Thursday)** | | | | | | | | | | | |
|  | **Monday** | | | | **Tuesday** | **Wednesday** | | | **Thursday** | | **Friday** |
| **AM** |  | | | |  |  | | |  | |  |
| **PM** |  | | | |  |  | | |  | |  |
| **What skills and experience do you have that may be relevant to this kind of voluntary work? You could include life experiences, other voluntary or paid work, qualifications etc.** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Do you have a disability? (please tick)** | | | | Yes ☐ No ☐  If ‘yes’, please elaborate: | | | | | | | |
| **Do you have any health problems? (please tick)** | | | | Yes ☐ No ☐  If ‘yes’, please elaborate: | | | | | | | |
| **Please provide details of two referees. These should be people who have known you in a professional capacity such as a teacher, support worker, employer (paid or unpaid) but not a family member. Please ask a staff member if you are unsure about referee suitability.** | | | | | | | | | | | |
| **Name:** | |  | | | | | **Name:** |  | | | |
| **Address:** | |  | | | | | **Address:** |  | | | |
| **Telephone:** | |  | | | | | **Telephone:** |  | | | |
| **Email:** | |  | | | | | **Email:** |  | | | |
| **Position:** | |  | | | | | **Position:** |  | | | |
| **Data Sharing Authorisation** | | | | | | | | | | | |
| I understand that the information on this form will be kept confidential by Mind Aberystwyth in accordance with data protection principles. Your information will retained for the duration of your association with Mind Aberystwyth – please inform us if you would like your information to be removed. | | | | | | | | | | | |
| **Signed:** | | |  | | | | **Date:** | | |  | |

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| **FLURFLEN GAIS GWIRFODDOLI** |
| Diolch am eich diddordeb mewn gwirfoddoli gyda Mind Aberystwyth! Mae’r gwybodaeth yma yn gyfrinachol a ddim ond yn cael ei dangos i’r unigolion yn cymeryd rhan yn y broses ddethol. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Enw:** |  | | | | | |
| **Cyfeiriad:** |  | | | | | |
| **Côd Post :** |  | | | | | |
| **Ebost:** |  | | | | | |
| **Rhif Ffôn:** | **Cartref:** | |  | | **Ffôn Symudol:** |  |
| **Lle ddaru chi glywed am y rôl yma?** | | | |  | | |
| **Perthynas Agosaf :** | |  | | | | |
| **Cyfeiriad:** | |  | | | | |
| **Rhif Ffôn :** | |  | | | | |
| **Perthynas i Chi :** | |  | | | | |

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| **Pa ddyddiau sy’n addas i chi wirfoddoli? Rhowch fanylion am amseroedd penodol os oes angen. (Nodwch, fydd ein grŵp i famau yn rhedeg ar ddydd Iau)** | | | | | | | | | | | | |
|  | **Llun** | | | **Mawrth** | | **Mercher** | | | | **Iau** | | **Gwener** |
| **AM** |  | | |  | |  | | | |  | |  |
| **PM** |  | | |  | |  | | | |  | |  |
| **Pa sgiliau a phrofiadau sydd gennych a all fod yn berthnasol i’r math yma o wirfoddoli? Gallwch gynnwys unrhyw brofiadau bywyd, gwaith gwirfoddol neu taledig, chymwysterau a.y.y.b.** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Oes gennych chi anabledd?**  **(ticiwch y blwch cywir)** | | | | | Oes ☐ Nac Oes ☐  Os ‘oes’, rhowch fanylion: | | | | | | | |
| **Oes gennych unrhyw broblemau iechyd?(ticiwch y blwch cywir)** | | | | | Oes ☐ Nac Oes ☐  Os ‘oes’, rhowch fanylion: | | | | | | | |
| **Rhowch fanylion dau canolwr. Ddylai rhain fod yn bobl rydych yn nabod yn broffesiynol. Er enghraifft, gallent fod yn athro, gweithiwr cymorth, cyflogwr (taledig neu ddi-dâl) ond nid aelod o’ch teulu. Gofynwch i aelod o staff os ydych angen cyngor am addasrwydd eich canolwyr.** | | | | | | | | | | | | |
| **Enw** | |  | | | | | | **Enw:** |  | | | |
| **Cyfeiriad:** | |  | | | | | | **Cyfeiriad:** |  | | | |
| **Rhif Ffôn:** | |  | | | | | | **Rhif Ffôn:** |  | | | |
| **Ebost:** | |  | | | | | | **Ebost:** |  | | | |
| **Swydd:** | |  | | | | | | **Swydd:** |  | | | |
| **Awdurdodiad Rhannu Data** | | | | | | | | | | | | |
| Rwyf yn deall bydd y wybodaeth ar y ffurflen yma yn cael ei gadw’n gyfrinachol gan Mind Aberystwyth yn unol â rheolau diogelu data. Mi fyddwn yn cadw’r wybodaeth trwy’r cyfnod rydych mewn cyswllt â Mind Aberystwyth – gadewch i ni wybod os ydych eisiau dileu eich gwybodaeth o’n system. | | | | | | | | | | | | |
| Llofnod: | | |  | | | | Dyddiad: | | | |  | |

*Ni allai Mind Aberystwyth wireddu ei genhadaeth heb gwirfoddolwyr. Diolch am gymryd yr amser i wneud cais.*

Swyddfa yn unig: Ffurflen wedi derbyn - / / Cyswllt a’r unigolyn - \_/ \_/ Cyswllt a’r canolwyr? Do/Na