

Our Work of Art 2019

VOLUNTEER APPLICATION FORM

Please complete the form below & email to the 'Our Work of Art' Project Team
Fay Blair fay@kentartsandwellbeing.org.uk
Catherine Arnell (Lead Creative) catherine@espression.co.uk

To talk to Catherine / leave a message: Wed to Sat 01227 765 665
To talk to Fay call: (anytime) 07786 307 664

Dear Volunteer

Thank you very much for your interest in becoming a creative volunteer. The main thing is that you are a reliable, friendly, open person who is willing to learn and that you are interested in helping people!

USEFUL BACKGROUND It is worth your reading some of the volunteer case studies which set out what the creative 2018 volunteers got out of the training and then their volunteering experience: 'What our volunteers get out of working with us'

click here: <https://kentartsandwellbeing.org.uk/for-volunteers/> (click on the list of names)

1. **TRAINING SESSIONS OCTOBER 2019** : A three-part programme held early evenings plus a special Dementia Friends' awareness session on WEDNESDAY evenings (arriving 3.45 pm to start at 4pm finish at 7pm)

Please keep ALL these FOUR dates in your diary. Thank you

OCTOBER Wednesdays 3.45pm - 7pm: 9th Oct; 16th Oct; 23rd OCT; 30th Oct.

2. **TRANSPORT:** Please tick if you need help to get to the training (the venue addresses are below.

I may need help/transport to get to **AgeUK Canterbury, Castle Row, CT1 2QY**

I may need help/ transport to get to

Age UK Herne Bay & Whitstable. 15 Reculver Road. Herne Bay CT6 6LE

3. **YOUR VOLUNTEERING AVAILABILITY (after the October training)**

The aim is for you to complete six sessions working regularly with the same group of older people at one of our two partner locations either *Canterbury* or *Herne Bay* (Days are to be confirmed but *could* be a regular Monday, Tuesday or Thursday).

The personal information you provide below will be held as confidential and will only be shared among the project partners.

YOUR FULL NAMES

ADDRESS.....

.....POSTCODE.....

EMAIL ADDRESS (see last page)

YOUR DATE OF BIRTH

Home telephone Number..... Mobile number.....

'NEXT OF KIN' FULL NAME of person to contact in an emergency and their mobile:

.....Emergency contact number.....

SPECIAL OR SPECIFIC CONSIDERATIONS

Please tell us about any aspects and conditions we should be aware of when you take part in the training (regular medication, recent illness/ physical or mental, operations, dietary physical requirements).

Do you consider that you have any kind of:

- **DISABILITY**If YES please explain here:

.....

- **MEDICAL conditions** Please explain what we should be aware of

.....

- **FOOD ALLERGIES / intolerances etc?** if so please explain here:

.....

ABOUT YOU AND YOUR PAST EXPERIENCE

You don't need to be creative or at all artistic to take part in this training or volunteering opportunity! We welcome all kinds of skills including helping the team to be organised.

We need help with some of the admin/paper work too, publicising and promoting the project, sometimes help with fund-raising for specific things via the volunteer network which meets monthly to share ideas and socialise, via a private creative volunteers' facebook group (that only people who are members of the group can see/access).

1. Tell us about any other project work/ previous experience (personal or professional) you have in helping older people, or other groups?

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2. Also tell us about any other volunteering work you have done or are currently doing or whether this will be your first time as a volunteer:

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.....

3. What are your three main reasons for wanting to be a volunteer on this project? In other words what do you hope to get out of being a volunteer? Or what might you hope to gain?

[1]

[2]

[3]

4. What hobbies, of any kind, do you have? Tell us about any creative things you have done in the past.

Don't forget we appreciate help with the admin & promotion work too, so it's helpful to have some volunteers who want to help these aspects, including social media (facebook, Twitter, Instagram)

[] It's useful to know if you actively use any social media – please circle which ones
Facebook/ Twitter/ Instagram

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.....
5. Tell us about any training qualifications/ work background you have that might be relevant and useful for this project?

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6. Also tell us if you have a DBS or enhanced DBS certificate (Don't worry if you don't have this).....

7. Any other comments, questions:

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USE OF YOUR PERSONAL INFORMATION We – the partners of this project Age UK Canterbury, Age UK Herne Bay & Whitstable, Kent Arts and Wellbeing and Espression Arts CIC - will use this data to inform you:

- about the project work “Our Work of Art”
- using newsletter and email updates
- about other arts wellbeing opportunities & volunteering of potential interest

We will keep your personal details for one year and then delete them. You may ask to see the data we hold on you, and can request modifications. Over the project we will take photos of activities and may use them to promote the project (such as but not limited to) on our partner websites, with our funders, social media (facebook/ twitter) in talks/conferences, and in reports, newsletters, newspapers, magazines/ publications.

Please tick below, as you feel is appropriate:

- YES, I agree to be included in photos of project activities**
- NO, I do not wish to be photographed.**

In signing and returning this form, you are giving permission to us to use your data for the purposes outlined above.

SIGNED Your signature:.....DATE.....

