

***Office use only:***

Date rcd: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rec by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *DB* ❒  *Permit* ❒ *Ind.* ❒ Volunteer I.D \_❒\_\_\_

**Brecon Beacons National Park Authority**

**Volunteers Application Form**

**Title**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Surname**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Forenames:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Postcode**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mobile**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NB: Please ensure email address is written as it appears on your email account**

**Which method of contact do you prefer?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If by phone, what is the most suitable time to contact you, and on what number?**

**1. How did you hear about volunteering opportunities with the National Park Authority?**

Contact with Authority staff ❒

Word of mouth/recommendation ❒

Speculative enquiry ❒

Newsletter ❒

The National Park website ❒

Other (please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. How many days would you realistically be able to commit to the scheme per year?** *(10 days is the minimum expected per volunteer per year)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Which geographical area of the National Park would you like to be attached to?**

Eastern Area ❒

Western Area ❒

BBNPA Head Office, Brecon ❒

Wherever the need is greatest ❒

**4. Which of the following activities would you like to be involved with?**

Warden’s practical work parties \* ❒

Uplands Projects ❒

Administration/ Office ❒

*\* Tetanus immunization required*

Waterfall Warden ❒

Interpretation Panels ❒

Ecology work ❒

Heritage scheme ❒

Photographic library ❒

Other: (Please state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please note that if you are interested in areas of volunteering where we are not currently recruiting you can express your interest by ticking the box and we will inform you when opportunities become available.

**5. ­­ Uplands and Wardens Roles only ­­**

I have previous experience of maintaining upland paths and practical estate work Yes / No

|  |
| --- |
|  |

**Uplands and Wardens Roles only.** Please indicate your experience and competence of hill walking including any qualifications, if relevant.

Little experience very experienced (please circle)

1 2 3 4 5 6 7 8 9 10

**Do you have any of the following qualifications?**

**Walking Group Leader** Yes / No **Mountain Leader** Yes / No

**Hill and Moorland Leader** Yes / No

**Other**

**6. Please set out below how you feel you meet the knowledge, skills and experience described in the Role Profile relevant to you:**

**7. Which days are most suitable for you to volunteer with the National Park Authority?**

Please state: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Weekends ❒ Weekdays ❒ Bank Holidays ❒ Wednesday ❒

**8. Please list any *other* experience/qualifications/skills you have which may be relevant to the role:**

**9. Do you hold an up to date First Aid certificate?** Yes ❒ No ❒

If yes, please give expiry date and name of qualification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. Do you have an up to date UK driving license?**  Yes ❒ No ❒

If yes, do you have access to a car for volunteering? Yes ❒ No ❒

**11. Do you speak Welsh?** Yes ❒ No ❒

If yes, please indicate what level: Beginner ❒ Intermediate ❒ Fluent ❒

***Next of kin / emergency contact:***

**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Brecon Beacons National Park Authority takes the health and safety of staff, volunteers and visitors very seriously. By volunteering your services to the park you must be confident that your general level of health and fitness is appropriate for the tasks described in the role profile. Please contact us, prior to returning this form if you have any queries or concerns.***

**12. Do you have any medical conditions/ disability that BBNPA staff should be made aware of? Poor weather and sustained physical exertion can exacerbate some conditions. By being aware of any medical conditions we will be able to look after you should a medical emergency occur, particularly in a remote location**.

**13. I believe that my level of health and fitness is suitable for the activities that I have indicated in Q4. I will update you if any of my circumstances change. I understand that, for practical tasks, I need to maintain regular tetanus immunisation.**

**14. Under the terms of the Data Protection Act 2018, your consent must be obtained before the Brecon Beacons National Park Authority can use your image or personal details in any promotional materials or publications.**

I ........................................................................................................ hereby give permission for the above photographs and/or any drawings or adaptations thereof featuring my photograph to be published in any books, magazines, leaflets, exhibitions, and for web/electronic use and in any advertising and promotional material all of which may be distributed in any and all media (whether now known or hereinafter invented) for the full period of copyright protection of such books, magazines or other materials and/or the Photographs without reference or payment to myself. I acknowledge that I do not own or control the copyright or other intellectual property rights in the photographs. This consent extends to you, and your successors, licensees, sub-licensees and assignees.

Unless otherwise agreed, the Photograph(s) and any drawings or adaptations thereof shall not identify me.

I am eighteen years of age or over. (Images of children and/or adults under 18 years must be approved for use by the parent or guardian).

**15. I hereby, if applicable, authorise a Disclosure and Barring Service (DBS) check under the provision of the Rehabilitation of Offenders Act 1974 (Exception) (Amendments) Order 1986.**

**16. In exceptional circumstances the Authority reserves the right to decline a Volunteer’s application.**

**Signed**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The personal information given on this form is held by the Authority for purposes governed by the Data Protection Act 2018. You have a right of access to this information under the Act.**

**As a volunteer you may occasionally be asked to drive an Authority vehicle and to produce your drivers licence for insurance purposes. The National Park Authority will require a copy of driving licence and will retain a copy in accordance with the Data Protection Act**

**If you would prefer to receive this document in Welsh, please contact us at the addresses below or 01874 624437:**

**How the information you provide on this form will be used:**

We will only use the information you provide on this form in connection with Volunteering with BBNPA:

* To process your application
* To keep in contact with you
* To tailor experiences and make reasonable adjustments
* For health and safety purposes
* For equalities monitoring purposes

We will share your information with our staff and the emergency services only as needed.

We will share relevant information with the accrediting agencies for any training you receive.

We will not share your information with any other party or for any other reason unless we are legally obliged to.

Your information is added to our Volunteers Database which is only accessible to relevant staff. Paper copies are stored securely.

If you indicate that you no longer wish to volunteer with us we will keep your information for up to 2 years for audit purposes then delete the records and securely dispose of paper files.

For further information please see our full privacy policy on our website at <http://www.beacons-npa.gov.uk/the-authority/privacy-notice/>. If you want to view, amend or request deletion of information that we hold about you please contact vc@beacons-npa.gov.uk

If you have any further questions please contact: vc@beacons-npa.gov.uk or phone 01874 624437 (switchboard) or 07854 997 561

Please return this form to:

Ilona Carati, Volunteer Development Officer, Brecon Beacons National Park Authority, Plas y Ffynnon, Cambrian Way, Brecon, Powys, LD3 7HP. Or email to vc@beacons-npa.gov.uk