



## Short-term Activity Volunteer

Thank you for volunteering with Suffolk Mind.

Please complete this form and return it to Corrina Hanley (details at the end of this document).

All information recorded here will be treated as strictly confidential in accordance with Suffolk Mind's [Privacy Policy](#) and the General Data Protection Regulation (GDPR).

**First name**

**Surname**

**Address**

**Contact number**

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**Activity/event you are volunteering for:**

**Date of activity/event:**

**In case of concerns or questions, the contact on the day is:**

**Project/programme/service:**

### Emergency contact information

Please provide the details of someone who can be contacted in the event of an emergency.

**Name**

**Contact number**

**Address**

**Relationship to you**

**Do you have any special requirements or medical conditions that we need to know about?**

**YES**  **NO**

**If yes, please give details:**

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### **Photo/video/audio consent**

Photographs, audio and video may be taken during Suffolk Mind activities and used for marketing purposes, including use on our website, social media and marketing materials.

Your image, audio or video may include identifiable data such as your name or place of work/ education.

We will retain your image for up to 10 years unless you withdraw consent. Please note that if the photograph has already been used in printed publications, then Suffolk Mind will not be able to recall all documents in which the image has appeared.

**Are you happy to consent to the above?**

**YES**  **NO**

You can withdraw your consent at any time by emailing [marketing@suffolkmind.org.uk](mailto:marketing@suffolkmind.org.uk).

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### **Event feedback**

Would you be happy for us to contact you about your experience of volunteering with us at this event?

**YES**  **NO**

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### **GDPR Statement**

In line with GDPR regulations, we must seek your permission to retain the personal data provided by you on this form for the sole purpose of contacting you with any similar opportunities in the future.

Do you consent for us to retain your details for up to 18 months?

**YES**  **NO**

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**I confirm that the information given on this form is complete and accurate**

**Volunteer signature:**

**Date:**

**Please return this form to:**

Suffolk Mind, Oriental House, 5 St Andrew's Street North, Bury St Edmunds, IP33 1TZ

[info@suffolkmind.org.uk](mailto:info@suffolkmind.org.uk)

0300 111 6000

[suffolkmind.org.uk](http://suffolkmind.org.uk)