

**Community Fundraising Volunteer – Merseyside**

**Information/Application Pack**

Thank you for your interest in our Community Fundraising Volunteer role.

Please read the following role description, and if you feel that you would like to apply then complete the application form at the end of this document and return it to Kimberley Mason, either by email to [kmason@imagineindependence.org.uk](mailto:kmason@imagineindependence.org.uk) or by post to Imagine Independence, 25 Hope Street, Liverpool, L1 9BQ.

If you have any questions you can contact Kimberley Mason on 0151 703 7792.



**ROLE DESCRIPTION – COMMUNITY FUNDRAISING VOLUNTEER**

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| **Location** | Merseyside – various locations |
| **Time commitment** | Flexible |
| **Reporting to** | Business Growth Manager |
| **Role description – including but not limited to** | * Raising awareness of the Charity, and its fundraising activities * Attend and support Merseyside fundraising events * Undertake bucket collections/bag packs * Collect/deliver countertop collection tubs * Cash-handling, cash-counting * Cover shifts at tea bar * Approaching businesses etc. for donation items * Mentor new Fundraising Volunteers |
| **What will I gain from this?** | * Play an important part in the Charity’s support of its service users * Develop fundraising skills/knowledge * Develop event management skills/knowledge * Meet new people * Be active * Add value to the local community * Learn new transferable skills * Boost your CV. |
| **Skills required** | * Good communication skills * Approachable and friendly * Team player * Organised, reliable, punctual * Ability to handle cash * Enthusiasm * Resilience * Confidence * Honesty, trustworthy * Integrity, professional manner. |
| **Other requirements** | * Adhere to Imagine policies and procedures and work within ISO standards at all times * Comply with safeguarding, health and safety and any other statutory regulatory requirements * Safeguard all organisation property or privileged knowledge. * Attend and participate in team and individual meetings * Support fellow Fundraising Volunteers * Maintain confidentiality at all times. If in doubt, contact the Business Growth Manager. |
| **Training/support** | * Training and support will be given in all elements of the role. |
| **Remuneration** | * You will be reimbursed for all public transport travel expenses from your starting point in Merseyside. |



**APPLICATION FORM – COMMUNITY FUNDRAISING VOLUNTEER**

Please complete this form in BLOCK CAPITALS.

Imagine Independence will treat all information provided as strictly confidential; it will be securely held and not disclosed to any other party without your consent.

|  |  |
| --- | --- |
| **Title** |  |
| **Name** |  |
| **Home Address** |  |
| **Email Address** |  |
| **Contact Number/s** | Mobile:  Home: |
| **D.O.B.** |  |
| **Availability e.g. certain days of the week, maximum number of hours, if occasional evenings would be possible** |  |
| **Why do you want to apply for this role?** |  |
| **Please detail any current or previous experience you have that you feel relevant to this role, to the skills required for this role – this experience could be voluntary, employment, education, training etc.**  **Please give dates where possible.** |  |
| **What are your interests and hobbies?** |  |
| **Are you a car driver?** | YES/NO |
| **If you are, would you be willing to use your car for volunteer purposes (expenses will be paid)?** | YES/NO |
| **Emergency contact person** | Name:  Address:  Contact number/s:  Capacity in which known to you: |
| **Referee No. 1**  This should be someone who has known you for at least 2 years. We are unable to accept relatives as referees.  Please ensure that your referee is aware that we will be contacting them to request a reference. | Name:  Address:  Contact number/s:  Email address:  Capacity in which known to you:  I consent to Imagine Independence approaching the  above-named person for a reference in respect  of this application **YES/NO** |
| **Referee No. 2**  This should be someone who has known you for at least 2 years. We are unable to accept relatives as referees.  Please ensure that your referee is aware that we will be contacting them to request a reference. | Name:  Address:  Contact number/s:  Email address:  Capacity in which known to you:  I consent to Imagine Independence approaching the  above-named person for a reference in respect  of this application **YES/NO** |
| **Do you need a work permit to work in the UK?**  If you are from the European Union, you are able to volunteer in the UK. For those outside the EU, you will need to check that your visa allows you to Volunteer. We advise that you contact the UK Borders and Immigration Agency for more information. | **YES/NO** |
| **How did you hear about Imagine Independence?** |  |

**MARKETING DECLARATION**

We would like to keep you up-to-date with our work by sending you newsletters, information on future events and campaigns that we think you might be interested in.

Can we keep in touch? If so, how? Please tick as many boxes as you wish:

Post 🞏 Email 🞏 Telephone 🞏 No marketing 🞏

**DECLARATION**

I understand that should I commence in this role it is important that I give as much notice as possible if I am unable to attend.

I understand that any confidential information that may come to me during my role must be treated in the strictest confidence and must not under any circumstances be divulged.

I understand that the role that I am applying for is a voluntary role, is not a paid position.

I declare that to the best of my knowledge the information I have provided on this application form is true and correct.

**Signature\*: ………………………………………. Date: ……………………………….**

**\*** *If completing this form electronically, please type your name on the signature line. You will be asked to sign a hard copy at a later date.*

***Office Use Only:***

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| --- | --- | --- |
| **Reference 1** |  | **Reference 2** |
|  | **Date of Receipt** |  |
|  | **Satisfactory?** |  |