



HELP VOLUNTEER APPLICATION FORM

Please enter your details in CLEAR BLOCK LETTERS.

Provide a passport style photo for your official "HELP VOLUNTEER" badge.

Your details (Name, phone number, email adress) may be shared with members who co-ordinate the HELP services you have volunteered for, and your details will be held electronically on the "HELP" Centre computer.

NAME:
ADDRESS:
Town:
Postcode:

N.I.E.:
EMAIL:
PHONE 1:
PHONE 2:
DATE OF BIRTH:

I CAN OFFER THE FOLLOWING HELP: (Please see the notes and "✓" as appropriate)

- Transport short distance (Hospital/Health Centre)
- Transport long distance (Valencia/Alicante Hospital)
- Help in LA XARA Charity Shop
- Help in TEULADA Charity Shop
- Fund-raising
- Help Office and Equipment Store in La Xara
- Home visits (see box on right)
- Hospital visiting (by request to relieve relatives at bedside)
- Hospital Help Desk Team - Receptionist
- Hospital Help Desk Team - Interpreter

HOME VISITS
If you think you can be of assistance in this way, please indicate (✓) below the areas of help you could offer.
<input type="checkbox"/> Visit someone incapacitated or just out of hospital
<input type="checkbox"/> Shopping
<input type="checkbox"/> Preparing a meal(s) for the freezer
<input type="checkbox"/> Odd "handyman" jobs (not heavy work)
<input type="checkbox"/> Light Gardening
<input type="checkbox"/> Caring / Walking pets

<input type="checkbox"/> Any other skills or details you wish to mention:

<input type="checkbox"/> I am fluent in translating ENGLISH into SPANISH and vice versa.
I am also fluent in translating the following into SPANISH and vice versa:-
<input type="checkbox"/> German
<input type="checkbox"/> Dutch
<input type="checkbox"/> French
<input type="checkbox"/> Other language - please specify:-
IMPORTANT NOTE: ALL HOSPITAL DESK INTERPRETERS ARE ON A SCHEDULE AND HAVE A SET DAY EVERY THREE WEEKS

Other remarks:

I have read the notes that accompany this application regarding Discretion and Confidentiality and agree to read and sign the Confidentiality Agreement.

Signature:	Date:
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Please return to: **HELP Office, Avda de la Mar 34B, 03709 La Xara or to HELP Charity Shop in Teulada**

Notes for HELP Volunteer Application Form

TRANSPORT:

SHORT DISTANCE: There are occasions when a person needs to attend a hospital or health centre and they cannot drive or walk to the nearest public transport. You would normally be asked to help someone who lives in your area, and it usually means you would have to wait until the persons appointment has finished before bringing them home.

LONG DISTANCE: Sometimes people have to travel to Alicante or Valencia for hospital treatment and may not be capable or well enough to drive their own car.

NOTE: If you volunteer to provide Transport, then travel costs for taking patients to and from appointments must be met by the patient, e.g. petrol, tolls, parking, but no charge can be made for your time.

CHARITY SHOP:

There are 2 charity shops, one in La Xara, one in Teulada. Both shops are open Monday to Saturday 10.00am to 1.30pm. Regular volunteers work on a weekly rota according to the day they offer. Volunteers are also needed to cover for emergencies and holidays.

FUND RAISING and PUBLICITY:

We plan events throughout the year such as Quiz nights, a Charity Golf day, a Christmas Fayre, and we also provide an information stand at local events. They are always great fun to be involved in, either as a participant or as a helper. We need people to help organise these events across our area, by manning a stand, selling raffle tickets, or generally helping to make things run smoothly. If you would like to be involved or feel you have something to offer then please tick this box.

HELP OFFICE: The HELP OFFICE is open Monday to Friday from 10.00am until 2.00pm. Staff are responsible for the general day to day running of the office, the loaning out and keeping a record of medical equipment (wheelchairs, walkers etc), updating general information and documentation, and generally responding to enquiries and questions from the public. Volunteers will need a basic knowledge of computers using Windows, e-mail, Word and Excel.

ACTIVITY CENTRE VOLUNTEER: The Activity Centre is open at various times; there are social activities either luncheon club, craft day, yoga or support groups. Volunteers are expected to interact with visitors by joining in with conversation, activities etc, making tea and coffee and generally working towards creating a welcoming atmosphere at the Centre.

HOME VISITS: People who have just come out of hospital or are temporarily housebound through illness may need a visit and a friendly face to talk to. Perhaps they need a hand with shopping or gardening whilst they recover; they may need someone to walk their dog or possibly to help with a simple "handyman" job whilst incapacitated.

However, visitors would not be expected to undertake tasks more appropriate to a professional nurse or carer.

HOSPITAL HELP DESK TEAM - INTERPRETER: We provide a team of volunteer interpreters who are on duty Monday to Friday from 10.00am to 1.30pm at Hospital de Denia in La Xara. Volunteer Interpreters work on a regular rota once every three weeks. New volunteers are welcome, and after an assessment of their medical Spanish they may be called upon to cover sickness and holidays.

HOSPITAL HELP DESK TEAM: Volunteers work on the Help Desk next to main reception in the Hospital de Denia as support to the interpreters and they are available to answer general queries when the interpreter is engaged in the consulting room. Fluent Spanish is an advantage. Help Desk receptionists are normally paired with an interpreter and work on a regular rota once every three weeks to match the interpreters.

INTERPRETERS FOR HEALTH CENTRE / TOWN HALL etc: If you are competent in the Spanish Language, but do not want the commitment of being on the Hospital Interpreting Team, your services could be invaluable for those who need help when dealing with the Spanish authorities, for example, a visit to the local doctor or chemist or the Town Hall. Please volunteer only if your Spanish is fluent enough for this. There is no fixed rota for this service, as it depends on when a request for help is received.

Please note:

1. Anyone wishing to join as a volunteer interpreter will need to be assessed on their language skills by HELP before acceptance.
2. If you are a volunteer for any "HELP" services other than Transport, the cost of travelling is at the volunteer's expense.

DISCRETION AND CONFIDENTIALITY:

1. Volunteers who are asked to make contact with people requesting help are in a privileged position and should remember that any information relating to the person being helped **MUST** be treated in the strictest confidence at all times.

2. Information should be shared only within "HELP" when necessary to maintain a reliable service, and should never be discussed with anyone outside "HELP".



Reg. Nº 3706 CIF: G03814753

Mr/Mrs/Miss/Ms _____

With N.I.F./N.I.E./Passport _____

CONFIDENTIALITY DATA ACCESS

in consideration of the relationship you have with **HELP OF MARINA ALTA**, hereinafter referred to as the organisation.

DECLARES

That you know and accept the **DUTY TO KEEP PROFESSIONAL SECRECY**, as established in Organic Law 3/2018, of 5 December, on the Protection of Personal Data and the guarantee of digital rights, by which the person responsible for the data and those who intervene in any phase of the personal data processing are obliged to maintain professional secrecy regarding them and the duty to safeguard them, obligations that will subsist even after the end of their relations with the file owner or, if appropriate, with the person responsible for the file. These obligations are also with regard to any information, documentation and/or data (even if not of a personal nature) to which he/she has access on the occasion of the provision of the relationship that links him/her to the association, understanding that failure to comply with these obligations may be considered a crime of disclosure of secrets, Article 197 of the Penal Code.

That you know and accept that the technological means that the association has made available or will make available to you in order to be able to carry out the functions entrusted to you by virtue of this relationship (computer, mobile phone, tablet, ADSL connection, email, internet connection, etc.) may not be used for purposes other than those limited within the relationship itself, the possibility of using these means for personal use being limited and the installation of unauthorised software on the association's devices is expressly prohibited. You are hereby informed of the possibility of the association inspecting and monitoring the use of these means.

YES / NO Please circle whether or not you expressly authorise the organisation to capture images/pictures, within a professional or business context, in which you appear individually or as a group with the purpose of being published on the website and/or social networks, as well as other channels for their dissemination.

CONFIDENCIALIDAD / ACCESO DATOS

en consideración de la relación que mantiene con **HELP OF MARINA ALTA**, en adelante organización,

MANIFIESTA

Que conoce y acepta el **DEBER DE GUARDAR SECRETO PROFESIONAL**, tal y como viene establecido en la Ley Orgánica 3/2018, de 5 de diciembre, de Protección de Datos Personales y garantía de los derechos digitales, mediante la cual el responsable del fichero y quienes intervengan en cualquier fase del tratamiento de los datos de carácter personal están obligados al secreto profesional respecto de los mismos y al deber de guardarlos, obligaciones que subsistirán aun después de finalizar sus relaciones con el titular del fichero o, en su caso, con el responsable del mismo. Estas obligaciones son también respecto de cualquier otra información, documentación y/o datos (aunque no sean de carácter personal) a la que tenga acceso en ocasión de la prestación de la relación que le une a la asociación, entendiéndose que el incumplimiento de estas obligaciones puede ser considerado como delito de revelación de secretos, art. 197 del Código Penal.

Que conoce y acepta que los medios tecnológicos que la asociación ha puesto o ponga a su disposición con el fin de que pueda llevar a cabo las funciones que le sean encomendadas en virtud de esta relación (ordenador, teléfono móvil, tableta, conexión ADSL, correo electrónico, conexión a Internet, etc.) no podrán utilizarse con fines distintos a los que se circunscriben dentro de la propia relación, quedando limitada la posibilidad de utilizar dichos medios para usos personales, y expresamente prohibida la instalación de software no autorizado en los dispositivos de la asociación. Queda informado mediante el presente documento de la posibilidad de que la asociación inspecciones y monitorice el uso que realiza de estos medios.

SI / NO Indique si autoriza o no, expresamente, a la organización a la captación de imágenes/fotografías, dentro de un contexto profesional o empresarial, en las que aparezca individualmente o en grupo con la finalidad de ser publicadas en la web y/o en las redes sociales, así como demás canales de difusión de éste.

En La Xara, a _____

Signature / Firmado:

Print Name / Nombre y Apellidos