**Personal details**

Name:

Address:

Landline number:

Mobile:

Email:

Date of birth:

**Emergency Contact Details:**

Name:

Phone Number/s:

Relationship:

How did you hear about volunteering with MySight York?

Please outline why you would like to join the MySight York Board. What do you believe will be the most important contribution you can make?

Please provide details of any relevant experience, skills, knowledge, and professional qualifications you have for the role, and say how it will benefit the MySight York Board:

Do you know anyone with a visual impairment or do you have any personal experience of a visual impairment?:

Please describe any experience you have as a charity trustee:

The Trustee Board needs a range of professional skills amongst its members. Please mark the appropriate skills below and tell us about your skills and experience in that area:

Business development:

Environmental sustainability:  
Equality and Diversity:

Fundraising & Income generation:

Governance:

IT and Data Protection:

Management/HR:

Marketing and campaigning:

Media and profile raising:

Please tell us if you feel there is any additional support you may need to help you volunteer or any health conditions that we need to be aware of.

Have you read the role description and person specification:

Are you clear that this is an unpaid, voluntary position:

Are you able to travel to board meetings in York:

**Declaration of Eligibility**

**Have you read the Charity Commission guidance at**

<https://www.gov.uk/guidance/automatic-disqualification-rules-for-charity-trustees-and-charity-senior-positions>

**on conditions for disqualification from being** **a charity trustee:**

**Are you legally eligible to be a charity trustee?:**

**Please provide any other information here that has not been covered in this form and that you would like to add, or feel that we should know about.**

**References**

References will be requested after successful interview. Please provide contact details for 2 referees:

**First Reference:**

Name:

Address:

Telephone:

Email:

In what capacity are they known to you?

**Second Reference:**

Name:

Address:

Telephone:

Email:

In what capacity are they known to you?

**GDPR Statement**

Whilst volunteering for MySight York your details will be held on our secure database – Are you happy for MySight York to keep this information. Your information will be removed from our database after 12 months of you finishing volunteering with MySight York.

**Preferred method of communication (correspondence and newsletters)**

Standard Print

Email

Audio

Braille

Large Print (if so please indicate font size)

**Photo Permission.** MySight York occasionally use photos or video for publicity purposes. This may include our website, social media, printed publicity, press releases and publicity on external websites. Are you happy for MySight York to use photographs or video of yourself for this purpose?

I declare that the information provided on this form is, to the best of my knowledge, true and complete. **If filling out this form electronically, please indicate your agreement by typing your name**

Signed:

Date:

**Please return this completed form to:**

Chief Executive

MySight York

14 Merchants Place

Merchantgate

York

YO1 9TU

E-mail: scott.jobson@mysightyork.org