Volunteer application

form

**CONFIDENTIAL**

**Personal details**

Name (including any previously known)

Address

Postcode

Tel no (day) Tel no (evening)

Mobile no E-mail

Age and date of birth (if under 18 years due to Health & Safety purposes)

**If applying for a specific volunteering vacancy, please state which role**

**Volunteer interest – please tick those areas of volunteering you are interested in or put a x in the box**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  | | --- | --- | | **x** | **Role** | |  | Reception work | |  | Fundraising | |  | Helping at events | |  | Selling Merchandise | |  | Internet/computer work | |  | Teaching swimming | | |  |  | | --- | --- | | **x** | **Role** | |  | Campaigning/networking | |  | Administration | |  | Special Olympics | |  | Swimming companion | |  | Committee work | |  | Operating the hoist | | |  |  | | --- | --- | | **x** | **Role** | |  | Training others | |  | Leading a team | |  | Volunteer buddy | |  | Attending Swimming Galas | |  | Other (please specify) | |  |  | |
|  |  |  |

|  |  |
| --- | --- |
| **Availability – when and for how long are you available for volunteering?** |  |

|  |  |
| --- | --- |
|  | Flexible |
|  | Weekdays |
|  | Daytime |
|  | Evenings |
|  | Term time |
|  | Weekends |

**How often would you be able to offer the above availability?**

|  |  |
| --- | --- |
|  | Adhoc |
|  | 1 meeting/event a week |
|  | 1 -2 fortnightly swim sessions a month |
|  | 6 meetings/events a year |
|  | Less than 15 fortnightly swim sessions a year |
|  | Other |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | |  |  |   **Present employment/volunteering experience** |  |

**Previous employment/volunteering experience (including dates to and from, reason for leaving, explaining any gaps)**

Please continue on a separate sheet if needed

**Details of other skills or interests**

**Recruitment of Ex-Offenders**

Most SDSG volunteering opportunities will involve direct contact with children and vulnerable adults. As such, applications to volunteer are exempt from the Rehabilitation of Offenders Act 1974.

This means that potential volunteers are required to declare their entire criminal record, including cautions, reprimands, final warnings and criminal convictions categorized as “spent” under the above legislation.

Please be aware a criminal conviction or any such warning may not necessary mean you cannot volunteer.

The information you provide will be kept confidential and will only be disclosed to specific SDSG volunteers if/when considering you for the voluntary role.

**Have you ever been convicted at a Court or Cautioned by the Police for any offence?**

**Yes/No (Delete as appropriate).**

If Yes, please give details, including date(s) and nature of offence(s).

**Please be aware SDSG carries out DBS Disclosures on all volunteers either before being offered a role and/or on a rolling basis up to five years.**

**Monitoring**

**How did you find out about volunteering with SDSG:**

|  |  |
| --- | --- |
|  | SDSG website |
|  | North Yorkshire Sport |
|  | SDSG noticeboard |
|  | Through a current member or volunteer |
|  | Other |

**Referees** (please provide details of two people, not related to you, who we may ask for a reference)

Name Name

|  |  |
| --- | --- |
| Address | Address |
|  |  |
|  |  |
| Postcode | Postcode |
| Email address | Email address |
| Telephone no | Telephone no |
| Relationship of referee to you | Relationship of referee to you |

Please be aware, while we ask for two references, we may ask for more at a later date.

Adjustments at Interview

Please advise of any special arrangements you need should you be invited for interview. For example, details of any dates / times you are unavailable, if you need wheelchair access, if you prefer interview questions to be written down or if a quiet room would be preferable.

Please continue on a separate sheet if needed.

**Declaration**

I agree to the SDSG processing and retaining the personal information contained on this form for any purposes connected to my application or my health and safety while on the premises. I understand, should I be offered a volunteer role, I will also have to apply to become a member and if this application is declined, this also terminates my role as a volunteer.

I declare that the information I have provided is true. All my actions as a volunteer will reflect the ethos of SDSG and I agreed that the Social Model of disability will be central to my role. I agree that any deliberate omissions, falsifications or misrepresentations in the application form will be grounds for rejecting this application or subsequent dismissal if I am offered a voluntary role by the organization. I agreed to SDSG carrying out an appropriate level of DBS disclosure at any time before or while I am a volunteer.

Signature Date

**If under 18 years of age:** Parent/Carer’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the legal guardian of the person stated on the front of this form, I agree to provide all relevant information to ensure their safe participation, and, as such, I give my permission for them to undertake the role stated on the front of this application and the corresponding Role Outline.

Signature Date

Your details may be kept on a database and we may use the data to keep you up to date with other volunteer opportunities and SDSG news, activities and events.

The information you have provided on this form will be processed in line with the Data Protection Act 1998. To process your application, we may need to disclose the information we receive from you to others.

|  |  |
| --- | --- |
| OUR COMMITMENT TO YOU |  |
| We will:   * Give you the training necessary to carry out your chosen activity as a Volunteer * Fully explain what you are being asked to do * Ask of you only what you wish to do, are trained to do and are capable of doing * Support and encourage you to achieve the highest standards possible | * Ensure your health, safety and welfare is fully considered for all tasks * Respect your views about the work you do * Not hold you accountable for any liability which is properly that of SDSG * Pay reasonable out-of-pocket expenses incurred whilst carrying out your authorised voluntary activities |
| YOUR COMMITMENT TO US | |
| You will:   * Attend the training relevant to your chosen role(s) * Carry out your voluntary work to the best of your ability * Behave in a safe, responsible and professional manner whilst working as a Volunteer * Not behave in any way which might bring SDSG into disrepute * Maintain good relations with other Volunteers, staff and the public * Respect decisions taken by staff – particularly with regard to quality of work and safe working practices | * Be bound by normal professional rules of confidentiality regarding any information about other   Volunteers, staff or SDSG’s business   * Inform your contact officer of any medical conditions relevant to the work you do as a Volunteer * Provide a reference as to your suitability as a Volunteer * Inform your contact officer if your availability for volunteering changes or if you decide you no   longer wish to continue as a Volunteer |
| SDSG has a duty to the Health and Safety of all volunteers at all times. However, Volunteers must recognise that everyone also has an individual responsibility for their own health and safety and that of work colleagues. | |

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| --- | --- |
| **Once completed, please return this form to:**  **By hand or post**  SDSG  C/O 10 Southwold  Eastfield  Scarborough  YO11 3RA  **By E-mail**  contactus@sdsg.org.uk  **Enquires**  Telephone: 01723 363600 | **For SDSG use only**  Date of interview:  Interview panel:  Date when reference requested:  Date references received:  Will volunteer undertake a volunteering activity? Yes/no  If yes, which activity will volunteer carry out?  If no, detail reason(s) why:  Disclosure required before starting?  Date of induction (if applicable):  Date archived: |