



Volunteer application form

CONFIDENTIAL

Personal details

Name

Address

Postcode

Tel no (day)

Tel no (evening)

Mobile no

E-mail

Age (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

- | | | |
|---|---|---|
| <input type="checkbox"/> Reception work | <input type="checkbox"/> Internet/computer work | <input type="checkbox"/> Teaching swimming |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Special Olympics | <input type="checkbox"/> Leading a team |
| <input type="checkbox"/> Helping at events | <input type="checkbox"/> Swimming companion | <input type="checkbox"/> Volunteer buddy |
| <input type="checkbox"/> Selling Merchandise | <input type="checkbox"/> Committee work | <input type="checkbox"/> Attending Swimming Galas |
| <input type="checkbox"/> Campaigning/networking | <input type="checkbox"/> Operating the hoist | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Training others | _____ |

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

- | | | |
|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Daytime | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> Weekdays | <input type="checkbox"/> Evenings | <input type="checkbox"/> Term time |

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
- SDSG noticeboard
- Through a current member or volunteer
- North Yorkshire Sport
- 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
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
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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
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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.

Once completed, please return this form to:

By hand or post

SDSG
C/O 10 Southwold
Eastfield
Scarborough
YO11 3RA

By E-mail

contactus@sdsd.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: