

Volunteer application form

CONFIDENTIAL

Personal details		CONFIDENTIAL
Name		
Address		
	Postcode	
Tel no (day)	Tel no (eveninç	3)
Mobile no	E-mail	
Age (if under 18 years due to Health & Sa	afety purposes)	
If applying for a specific voluntee	ering vacancy, please state which role	
Volunteer interest – please tick to Reception work	nose areas of volunteering you are int One of the computer work	erested in © Teaching swimming
① Fundraising	Special Olympics	① Leading a team
① Helping at events	Swimming companion	Volunteer buddy
Selling Merchandise	O Committee work	 Attending Swimming Galas
Campaigning/networking	Operating the hoist	Other (please specify)
Administration	① Training others	
Availability – when and for how I	ong are you available for volunteering	1?
① Flexible	① Daytime	① Weekends
Weekdays	© Evenings	① Term time

O Adhoc	① 1 -2 fortnightly swim sessions a month	© Less than 15 fortnightly swim
01 meeting/event a	week 0 6 meetings/events a year	sessions a year Other
Present employmen	t/volunteering experience	
revious employme	nt/volunteering experience (including dates to and	from)

Details of other skills or into	erests		
Recruitment of Ex-Offender	s		
	ortunities will involve direct con the Rehabilitation of Offenders	tact with children and vulnerable Act 1974.	e adults. As such, applications
	unteers are required to declare ions categorized as "spent" und		uding cautions, reprimands, final
Please be aware a criminal c	onviction or any such warning n	nay not necessary mean you ca	nnot volunteer.
The information you provide considering you for the volun		only be disclosed to specific SD	OSG volunteers if/when
Have you ever been convic	ted at a Court or Cautioned b	y the Police for any offence?	
Yes/No (Delete as appropri	ate).		
If Yes, please give details, inc	cluding date(s) and nature of of	rence(s).	
Please be aware SDSG carr rolling basis up to five year		all volunteers either before be	ing offered a role and/or on a
Monitoring			
How did you find out about	volunteering with SDSG:		
SDSG website	SDSG noticeboard		Through a current member or volunteer
North Yorkshire Sport	① Other		

Name	Name
Address	Address
Postcode	Postcode
Email address	Email address
Telephone no	Telephone no
Relationship of referee to you Please be aware, while we ask for two referen	Relationship of referee to you nces, we may ask for more at a later date.
	you need should you be invited for interview. For example, details of any dates elchair access, if you prefer interview questions to be written down or if a quiet
Please continue on a senarate sheet if needer	q
Please continue on a separate sheet if needed	d.
Declaration I agree to the SDSG processing and retaining the pe	ersonal information contained on this form for any purposes connected to my application understand, should I be offered a volunteer role, I will also have to apply to become a
Declaration I agree to the SDSG processing and retaining the perform or my health and safety while on the premises. I use member and if this application is declined, this also I declare that the information I have provided is true Model of disability will be central to my role. I agree	ersonal information contained on this form for any purposes connected to my application understand, should I be offered a volunteer role, I will also have to apply to become a terminates my role as a volunteer. All my actions as a volunteer will reflect the ethos of SDSG and I agreed that the Social that any deliberate omissions, falsifications or misrepresentations in the application form equent dismissal if I am offered a voluntary role by the organization. I agreed to SDSG
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Referees (please provide details of two people, not related to you, who we may ask for a reference)

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@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: