**Summer Scheme ’22 Volunteer Application**

**What weeks are you available?** (insert √ if available)

**Afterschool Club Children & Early Years:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Week 1:** 04.07.22 to 08.07.22  AM PM | | **Week 2:** 18.07.22 to 22.07.22  AM PM | | **Week 3:** 25.07.22 to 29.07.22  AM PM | | **Week 4:**  01.08.22 to 05.08.22  AM PM | | **Week 5:** 08.08.22 to 12.08.22  AM PM | | **Week 6:**  15.08.22 to 19.08.22  AM PM | |
|  |  |  |  |  |  |  |  |  |  |  |  |

***Sessions:*** ***AM (9:45 to 1:15) or PM (1:45 to 5.15)***

**Youth Club:**

|  |  |
| --- | --- |
| **Week 2:** 18.07.22 to 22.07.22  PM | **Week 4:**  01.08.22 to 05.08.22  PM |
|  |  |

***Sessions:*** ***PM (5:45 to 9.15)***

***PLEASE NOTE: Due to the nature of our work, we are only looking for***

***volunteers that can commit to at least one full week of the Summer Scheme. (either AM or PM session or both ☺ )***

Please complete in black ink or typescript only:

1. **Personal Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname: | | Forenames: | | Title: Mr / Mrs / Miss / Ms |
| Previous surnames: | | | Date of Birth: | |
| National Insurance Number: | | | | |
| Home Address: | | | | |
| Address for correspondence if different from above: | | | | |
| Telephone Number:  Email address: |  | | | |

**B. References**

Please give details of two persons who will agree to act as referees on your behalf.   
References will be required if you are short-listed unless previously advised otherwise.   
At least one of the referees should have knowledge of your experience **working with   
children** in a paid or voluntary capacity.

|  |  |
| --- | --- |
| Name: | Name: |
| Position: | Position: |
| Email address:  Contact No: | Email address:  Contact No: |

**C. Secondary Education / Professional Qualifications** (Please continue on a separate page if necessary)

|  |  |  |
| --- | --- | --- |
| School/College Award | Dates Attended | Qualification & Date Obtained |
|  |  |  |
|  |  |  |
|  |  |  |

**D. Employment History**

***NOTE: Please commence with current / most recent and work backwards.***

(Continue on a separate page if necessary)

|  |  |
| --- | --- |
| 1. | Employer’s Name and Address: |
|  | Job title and Responsibility: |
|  | Dates from: to: |
|  | Reasons for Leaving: |
| 2. | Employer’s Name and Address: |
|  | Job Title and Responsibility: |
|  | Dates from: to: |
|  | Reasons for Leaving: |

1. **Training Courses / Skills**

Please give details of any training courses you have taken in the last 5 years. Include organisations under whose auspices courses were organised. Please indicate self-learned skills as well (e.g. Computer Information Technology).

**Courses:**

**Skills:**

* *Teamwork*
* *Problem Solving*
* *ICT*
* *Motivation*
* *Organisation/leadership*
* *Communication*

**Please give details of any relevant voluntary work experience or general experience in working with 4 – 12-year-olds and children with special needs:**

**F: Medical History**

Please give details of illnesses, operations or accidents resulting in absence from work or medical conditions that you suffer from (e.g. diabetes, epilepsy):

Are you registered disabled? Yes / No

**G: Information in support of your application**

Please give a brief statement indicating your reasons for applying for this post, including special interests and relevant experience (continue on a separate page if necessary).

This post will involve contact with children and young people. Each successful applicant will have to undergo a check via access NI. Spent convictions may be disclosed.

**H: Disclosure of Conviction**

Have you ever been convicted of a criminal offence? Yes / No

If ‘YES’, please give brief details:

DECLARATION

*I declare that all the particulars given are correct and should any false statements / omissions be made, Sólás reserves the right of dismissal. I understand that any employment offer is subject to the receipt of satisfactory references and background checks.*

**SIGNATURE:**  **DATE:**

Please email a completed application to Beata Osinska at

**beata@solabt7.com**

by Friday, the 20th May 2022 at 5 PM.

*Thank you for your interest in volunteering with Sólás!*