 **Charity No. NIC100114**

**Summer Scheme 2016 ~ Returning Volunteer Application**

1. **Personal Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname | | Forenames: | | Title: |
| Previous surnames: | | | Date of Birth: | |
| Marital Status: Single | | | National Insurance Number: | |
| Home Address:  Post Code: | | | | |
| Address for correspondence if different from above: | | | | |
| Contact details | Mobile number:  Email: | | | |

1. **Please detail dates you volunteered with Sólás on previous years:**

**\*Please note that if you volunteered with Sólás more than two years ago you will be required to complete another AccessNI form.**

1. **Please details changes to any of the following since your last application:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Details** | **Date** | **Outcome/ Pending?** |
| Secondary Education / Professional Qualifications |  |  |  |
| Employment History |  |  |  |
| Training Courses / Skills |  |  |  |
| Medical History  *(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? No** |  |  |  |
| Relevant voluntary work experience in working with 4 – 12 year olds and children with special needs. |  |  |  |
| Any other relevant information |  |  |  |

**Disclosure of Conviction**

This post will involve contact with children and young people. Spent convictions may be disclosed.

Have you ever been convicted of a criminal offence? No

If so please give brief details

**What weeks are you available (tick all that apply)?**

|  |  |  |  |
| --- | --- | --- | --- |
| Mon 4th- Fri 8th July (insert √) | Mon 18th – Fri 22nd July (insert ✓) | Mon 1st - Fri 5th August (insert √) | Mon 8th - Fri 12th August (insert √) |

**\*\*Sólás is committed to providing a reliable and consistent service to our users. Therefore we ask that you only apply to volunteer if you can commit a week of your time rather than individual days.**

DECLARATION

*I declare that all the particulars given are correct and should any false statements / omissions be made, Sólás reserve the right of dismissal. I understand that any employment offer is subject to the receipt of satisfactory references / checks via Criminal Records (P.E.C.S.)*

**SIGNATURE OF APPLICANT**:

**DATE:**

Please email completed application to: Joan Henderson

joan@solasbt7.com

or return to the address at top of this application

**Thank-you for your interest in volunteering with Sólás.**