**Volunteer Social Car Scheme**

**Application Form**

All information contained in this **VOLUNTEER APPLICATION** form will be treated as confidential. Please complete all sections of the form to the best of your ability. The more information we have the easier it is to understand your motivation and interests for the voluntary role. If you require any assistance in completing this form please telephone the Volunteer Administrator on 028 66 324260.

For Office Use Only

**Reference number:**

|  |
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| **YOUR CONTACT DETAILS**Please complete all sections – Please use in Block Capitals |
| **First name** | **Surname** | **Gender** | **Date of Application** |
|  |  |  |  |
| **Are you over 18?** | **Email Address (please print clearly)** |
| Yes 🞎 No 🞎 |  |
| **Home Address & Postcode** | **Telephone (home)** |
|  |  |
| **Telephone (mobile)** |
|  |
| **Telephone (work)** |
|  |
| **How did you hear about volunteering with Fermanagh Community Transport? (a friend, website, Volunteer Centre etc)** |
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| **VOLUNTEERING OR LIFE EXPERIENCE (Optional)** |
| Please provide details of any volunteering or life experience you feel is relevant to your application.  |
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| **NON FORMAL TRAINING (Optional)** |
| Please list any relevant courses you may have attended: |
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| **EDUCATION OR EMPLOYMENT (Optional)**If you would like to provide details of your education or work experience to date, please do so below: |
| **Period: from / to** | **Employer / School /College**  | **Details**  |
|  |  |  |
| **GENERAL INFORMATION**Please help us to place you effectively by completing the following information about yourself. |
| **Why would you like to be a Volunteer with Fermanagh Community Transport?** |
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| **What do you want to gain from the experience?**  |
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| **Please outline your Hobbies and Interests:** |
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| **What skills and abilities do you feel you can offer Fermanagh Community Transport as a volunteer?** |
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| **AVAILABILITY** Please tick when you could be available to volunteer as a Social Car Scheme Volunteer?  |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |
| **REFEREES** Please provide the contact details of two referees who are in a position to assess your ability and suitability for volunteering with Fermanagh Community Transport. They must be someone who knows you well and must not be family members. |
| **Please complete all details.** | **First referee** | **Second referee** |
| **Circumstance & Period of time they know you.**  |  |  |
| **Name of referee** |  |  |
| **Address of referee** |  |  |
|  |  |
| **Daytime telephone number / mobile** |  |  |
| **Email address** |  |  |

**SUPPORT**

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| **Do you feel you have any Health / Disability / Other support needs that may be relevant to your participation in your voluntary role as a Volunteer Social Car Scheme Driver? Please note that this will not be revealed without your consent.** |
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**DECLARATION OF CRIMINAL CONVICTIONS**

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| --- | --- | --- |
| Have you ever been convicted of a criminal offence, which cannot be considered ‘spent’ under the Rehabilitation of Offenders (NI) Order 1978? | Yes 🞎 | No 🞎 |
| If the answer is Yes, we may need to discuss it with you. It will not necessarily prevent you from becoming a volunteer. If you wish, you may give further details below. **For Volunteer Roles that require regular direct involvement with our client group, you will be required to give your consent for a Protection of Children and Vulnerable Adults (AccessNI) check, for more info visit:** <https://www.nidirect.gov.uk/articles/types-accessni-checks>. Please note that these checks are only carried out for selected volunteers. This process is FREE for volunteers. Please refer to the separate AccessNI guidance.  |
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| **Due to the nature of the work we carry out and our service users, Fermanagh Community Transport is registered with AccessNI. Is there any reason why you cannot volunteer in Regulated Activity?** |
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**DATA PROTECTION**

I give my consent to Fermanagh Community Transport to record, maintain and process my personal data for the purposes of my volunteer placement. I understand that my data will not be shared with any other parties outside Fermanagh Community Transport.

**DECLARATION**

I declare that the information given on this form is complete and correct to the best of my knowledge and that I understand that inaccurate or false information given may result in an offer of volunteering or placement being withdrawn.

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| **Applicants Signature** | **Date** |
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Your completed Volunteer Application Form should be returned to:

**Lara Stafford, Fermanagh Community Transport, Unit 42, Enniskillen Business Centre, Lackaghboy Industrial Estate, Tempo Road, Enniskillen, Co. Fermanagh, BT74 4RL.**

Alternatively you can email it to: lara@fermanaghcommunitytransport.com

Upon receipt of your application the Volunteer Administrator will contact you to discuss your application and provide further details about future training dates.

***Thank you for your interest in this volunteer role with Fermanagh Community Transport.***