

**SEFF Volunteer Application Form**

**(Including Emergency Contact)**

**2021/2022**

**This form is to be completed by all new SEFF Volunteers:**

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| SECTION 1 of 9: Personal details | |
| Surname: | **Forename(s):**  **Preferred Name:** |
| **Address:** | **Telephone number:** |
| **Mobile number:** |
| **Email address:** |
| Gender Identity: | Male  Female  Transgender  Other  **How you wish to be identified:** |
| SECTION 2 OF 10: Emergency Contacts | |
| Person to contact in an emergency: | **Name:**  **Relationship to you:**  **Mobile:**  **Email:** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION 2 of 9: Declaration | | | | | | | |
| To the best of my knowledge and belief the information given in this form is correct. | | | | | | | |
| **Signature:** | | | **Date:** | | | | |
| Please tell us where you heard about Volunteering at SEFF: | | | | | | | |
| Internet | Other (please specify) | …………………………….. | | | |  | |
| Newspaper | Friend Referral (name) | ……………………………. | | | |  | |
| SECTION 3 of 9: Abilities and experiences | | | | | | | | |
| Please tell us about your skills and how you wish to volunteer with SEFF | | | | | | | | |
|  | | | | | | | | |
| **Please tell us about any special skills or qualifications that you may wish to share within your role (e.g. qualifications).** | | | | | | | | |
| **Provide us with some knowledge of your experience technology and IT *(please note this is not a requirement of all volunteers but helps us to determine a suitable role for you).*** | | | | | | | | |
| **Please tell us about any previous volunteering you have participated in?** | | | | | | | | |
| **Please tell us here which days and times each week you would like to volunteer *(e.g. each Monday between 10am-3pm)*** | | | | | | | | |
| SECTION 4 of 9: Entitlement to work in the UK | | | | | | |
| In order to comply with the Asylum and Immigrations Act 1996 we are required to ask you to verify your entitlement to work/ volunteer in the UK | | | | | | |
| Are you legally entitled to work/ volunteer in the UK? | | | | yes  no | | |
| Do you need a visa or work permit to work/ volunteer in the UK? | | | | yes  no | | |
| If Yes please give details including expiry date and any restrictions: | | | | | | |
| SECTION 5 of 9: Criminal convictions | | | | | | |
| Have you ever been convicted of a criminal offence? *(Declaration subject to the Rehabilitation of Offenders Act 1974)* | | | | | yes  no | |
| If yes please give details: | | | | | | |

|  |  |
| --- | --- |
| SECTION 6 of 9: Volunteer References | |
| Please provide below some references who would be able to confirm your suitability to volunteer with SEFF. | |
| **Reference 1** | **Reference 2** |
| Referee Name: | Referee Name: |
| Company/ or title: | Company/ or title: |
| Address: | Address: |
| Telephone number: | Telephone number: |
| Email address: | Email address: |
| Contact name: | Contact name: |
| Contact job title: | Contact job title: |

**SECTION 7 of 10: Protecting Children and Vulnerable Adults**

As a volunteer at SEFF you will be required to complete an ACCESS N.I check.

**Enhanced Checks only**

Are you aware of any police enquires undertaken following **Yes No**

allegations made against you, which may have a bearing on

your suitability for this post?

**SECTION 8 of 10: Disability Discrimination Act**

We actively encourage volunteer applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has substantial and adverse long-term effect on his or her ability to carry out normal day to day activities.

**Do you have a disability which we may need to be aware of in order to make your volunteering role suitably equipped for you?**

**Yes No**

If yes, please give details:

We will try to provide access, equipment or other practical support to ensure that people with disabilities can Volunteer on equal terms with non-disabled people.

**Section 9 of 10: Driving License/Transport**

Do you hold a full, clean and current Driving License and access transport which would enable you to perform the role of Volunteer *(if relevant to your role)?*

Yes No

SEFF undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.

**Section 10 of 10: Returning This Form**

**By email to** [**emma.burton@seff.or.g.uk**](mailto:emma.burton@seff.or.g.uk) **(please note the application will need to be signed)**

**Or by Hand or Post:**

South East Fermanagh Foundation

c/o 1 Manderwood Park,

1 Nutfield Road,

Lisnaskea.

County Fermanagh.

BT92 0FP

**SEFF Contact Details:**

Telephone: 028 677 23884

Website: [www.seff.org.uk](http://www.seff.org.uk)