

**Volunteer Application Form**

All information on this 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** | **Last Name** | **Date of Birth** | **Gender** |
|  |  |  |  |
| **Email** | | **Telephone** | |
|  | |  | |
| **Home Address** | | **Preferred method of contact** | |
| **Postcode:** | | **Phone** | |
| **Text** | |
| **Email** | |
| **How did you hear about Solas?** | | | |
|  | | | |

**General Information**:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **What do you hope to gain from the experience?** | | | | | | | | |
|  | | | | | | | | |
| **What skills and abilities do you feel you can offer Solas as a volunteer?** | | | | | | | | |
|  | | | | | | | | |
| **What challenges do you anticipate?** | | | | | | | | |
|  | | | | | | | | |
| **Please provide details of volunteering or work experience relevant to your application.** | | | | | | | | |
| ***Do you have any criminal convictions? Y/N*** | | | | | | | | |
| **Availability** | | | | | | | | |
|  | Mon | Tues | Wed | Thurs | Fri | Sat | Sun | Occasional (ad hoc) |
| Morning |  |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Character Reference** | **Next of Kin/Emergency Contact** |
| Name:  Tel:  Email:  Time known you:  In what capacity: | Name:  Tel:  Email:  Relationship to you: |

**Declaration**:

*I declare that the information given to me on this form is complete and correct to the best of my knowledge and that I understand that inaccurate or false information given my result in an offer of volunteering or placement being withdrawn. Application forms must be signed and dated.*

|  |  |
| --- | --- |
| **Applicant’s signature** | **Date** |
|  |  |

*Applicants may be required to undergo an Access NI check, depending on the role they undertake. Your completed Volunteer Application Form should be returned to:*

***Estelle Kirk, Solas Wellbeing, 62 Ann Street, Ballycastle BT54 6AD (028 2024 8088, mobile: 07708107234) or email volunteers@solaswellbeing.org.uk***