

Volunteer Ref:

## Volunteer Registration Form

### Personal Details

Full Name	<input type="text"/>		
Address	<input type="text"/>		
Postcode	<input type="text"/>	Email	<input type="text"/>
Home Tel	<input type="text"/>		
Preferred Contact Method	<input type="text"/>		
Emergency Contact Name	<input type="text"/>		
Emergency contact number	<input type="text"/>		
Do you have a full clean driving licence?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Do you have access to a vehicle?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Are you willing to drive?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>

### Volunteer Role

Which area (s) are you interested in? If selecting more than one please include your 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice.

SHOPS	<input type="checkbox"/>
PROJECTS/HOSTELS	<input type="checkbox"/>
COMMUNITY AMBASSADOR – raising awareness of homelessness in the community	<input type="checkbox"/>
BEFRIENDING – developing one-to-one relationships with clients to offer support	<input type="checkbox"/>
FUNDRAISING - events/collections/mailings	<input type="checkbox"/>
ADMINISTRATION	<input type="checkbox"/>
WORKING WITH CHILDREN	<input type="checkbox"/>
COMMUNICATIONS / MARKETING / MEDIA	<input type="checkbox"/>
STUDENT RESEARCH	<input type="checkbox"/>
RECREATIONAL ACTIVITIES – facilitating sports/art & crafts/essential skills etc	<input type="checkbox"/>
OTHER PLEASE STATE:	<input type="checkbox"/>

If you are interested in volunteering in a shop please indicate which area you would prefer.

BELFAST	
BALLYNAHINCH	
BANGOR	
NEWTOWNARDS	

If you are interested in volunteering in a project please indicate which site you would prefer, if you select more than one please include 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice.

BALLYMENA – Temporary accommodation for single people & couples	
BANGOR – Direct access accommodation for single individuals	
CLIFTONVILLE AVENUE, BELFAST – Direct access accommodation for single individuals	
CONWAY COURT, BELFAST – Family Unit for single parents and families	
COLERAINE – Direct access accommodation for single individuals and care leavers	
DERRY – Direct access accommodation for single individuals	
DOWNPATRICK – Direct access accommodation for single individuals	
FALLS ROAD, BELFAST – Direct access accommodation for single individuals	
FOYER, BELFAST – Temporary accommodation for young people aged 17-25 years	
LARNE – Direct access accommodation for single individuals	
LISBURN – Direct access accommodation for single individuals	
NEWRY – Direct access accommodation for single individuals	
SAINTFIELD ROAD, BELFAST – Direct access accommodation for single individuals	

Date available to start volunteering

Length of time available to volunteer if known

Your availability

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Days Available							
Times Available							

Availability Varies

1). Please tell us about any relevant experience, education, training and skills that you have.

2). Please tell us what you would hope to gain from volunteering.

3). How did you hear about Simon Community NI?

4). Is there anything else you would like to tell us about yourself (including any particular interests or hobbies that you have)?

## Referees

Please give the name, address, telephone number and occupation of two referees, one of who should be your current/most recent employer. Your referees should be in a position to assess your skill, knowledge and aptitude for this post, stating in what capacity they know you.

Referees should not be related to you.

Please note: a current employer's reference will be required before appointment. No reference will be requested prior to appointment without seeking your permission.

Name <input type="text"/>	Name <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>
<input type="text"/>	<input type="text"/>
Email <input type="text"/>	Email <input type="text"/>
Tel <input type="text"/>	Tel <input type="text"/>
In what capacity do they know you? <input type="text"/>	In what capacity do they know you? <input type="text"/>

## Declaration of Criminal Convictions

Have you ever been convicted of a criminal offence, which cannot be considered 'spent' under the Rehabilitation of Offenders Act (NI) Order 1978?

Yes

No

If yes please specify below:

FOR INDIVIDUALS APPLYING TO WORK IN RESIDENTIAL PROJECTS OR IN COMMUNITY SUPPORT SERVICES, PLEASE NOTE THE FOLLOWING:

**Rehabilitation of Offenders (NI) Order 1978 Rehabilitation of Offenders (Exceptions) Order (NI) 1979**

1. Because of the nature of the work for which you are applying, these posts are excepted from the provisions of the 1978 Order. Applicants are, therefore, not entitled to withhold information about convictions that are for other purposes "spent" under the provisions of the Order. In the event of employment, failure to disclose such convictions could result in dismissal or disciplinary action by the Simon Community NI. Any information given will be treated as strictly confidential and will be considered only in relation to applicants to which the Order applies.
2. For applicants who may work directly with our client group, you will be required to give your consent for a Protection of Children and Vulnerable Adults (POCVA) check. Please note that these checks are only carried out for preferred candidates.

In accordance with the Data Protection Act 1998, the information provided on this form will be used in the recruitment and selection of volunteers and may be disclosed to all those who need to see it. It will also form the basis of the confidential volunteer record.

I declare that the information I have given is true to the best of my knowledge and that inaccurate or false information given may result in an offer of employment being withdrawn.

**Applicant's signature:**

**Date:**

**SIMON COMMUNITY NORTHERN IRELAND IS AN EQUAL OPPORTUNITIES EMPLOYER**



INVESTORS IN PEOPLE



employer of  
CHOICE  
CHOICE

Volunteer Ref:

**MONITORING FORM**

The Simon Community Northern Ireland is an Equal Opportunities Employer. We want to show that we are committed to equality of opportunity and fair treatment. To do so we need to monitor information on our employees and job applicants, so we are asking you to help us by indicating your community and ethnic background below.

This information will be used only for the purpose of monitoring our equality of opportunity and will not be used for any purpose other than this monitoring. This portion will be detached from your application for before the selection process commences.

**PLEASE INDICATE YOUR DATE OF BIRTH:**

**PLEASE INDICATE YOUR COMMUNITY BACKGROUND (TICK BOX):**

PROTESTANT  ROMAN CATHOLIC  NEITHER COMMUNITY

**PLEASE INDICATE YOUR GENDER (TICK BOX):**

FEMALE  MALE

**PLEASE INDICATE YOUR MARITAL STATUS (TICK BOX):**

SINGLE  MARRIED  WIDOWED  DIVORCED  SEPERATED

**PLEASE INDICATE YOUR ETHNIC BACKGROUND (PLEASE SPECIFY BELOW):**

**HEALTH**

Do you suffer from any recurring mental or physical illness, which lasted for over 12 months?

YES  NO

If **yes**, please specify

**WHERE DID YOU HEAR ABOUT THIS VOLUNTEER OPPORTUNITY?**

**IF NEWSPAPER, PLEASE SPECIFY WHICH:**

**PLEASE RETURN COMPLETED VOLUNTEER REGISTRATION FORMS TO:**

**SIMON COMMUNITY NORTHERN IRELAND**  
CENTRAL OFFICE  
CENTRAL OFFICE ADMINISTRATOR  
57 FITZROY AVENUE  
BELFAST, BT7 1HT