

Community Volunteer Scheme

Application Form

You may apply for more than one role

Volunteer Role/s applied for	
First Name	
Surname	
Address	
Postcode	
Telephone (Home)	
Telephone (Mobile)	
E-Mail	
Date of Birth	
Best time to contact you	
Present Status	<input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify)

Rehabilitation of Offenders Act 1974

Do you have any current or previous convictions Yes No

If yes, please give details:

Please note that having a criminal record will not necessarily exclude you from being considered for voluntary work. Failure to disclose a criminal record which later becomes known will, however, lead to instant dismissal from a volunteering role.

References

Please give the name and address of two referees (not related to you and preferably one from a previous employer), who have known you for at least two years.

Name		Name	
Address		Address	
Tel. Number		Tel. Number	
E-Mail		E-Mail	
Relationship		Relationship	

Please describe why you are interested in the role(s) you have applied for

Please tick the three most relevant boxes below as to why you would like to volunteer and what you hope to achieve

- | | |
|--|---|
| <input type="checkbox"/> Work experience | <input type="checkbox"/> Helping others |
| <input type="checkbox"/> Try something new | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Meeting different people | |
| <input type="checkbox"/> Getting involved in the community | |
| <input type="checkbox"/> Training opportunities | |
| <input type="checkbox"/> Addition to CV | |

What skills and experiences (paid or voluntary) do you have that may help you in your role as a volunteer (e.g. good communicator, IT skills).

How did you hear about ESFRS Community Volunteer Scheme?

As a volunteer we hope you will be able to commit to provide regular hours on a flexible basis. Please indicate below approximately how many hours you have available per month to volunteer.

Are you able to provide:

- A couple of hours at a time Half day duration Full day duration
 AM PM Evening

Are there particular days when you would be available

- Monday Tuesday Wednesday
 Thursday Friday Saturday Sunday

Please tell us of any disability or illness which may restrict your activities, or any special requirements that need to be taken into account to enable you to fully participate in volunteering activities.

The FRS welcomes people with disabilities and we will look at what reasonable adjustments we can make to assist you.

It is your responsibility to tell us of any health issues which may impact on your volunteering and we will look at what suitable activities we have which will not put you at risk.

Do you hold a current driving licence?

- Yes No If YES, for what type of vehicle? _____

Does your licence have any endorsements or penalty points?

- Yes No If YES, please give details _____

Do you have a car that you would be prepared to use for voluntary activities? Yes No

Do you have any specific requirements to enable you to fully participate in the recruitment process? Yes No

I declare that all the information I have provided in this application is true to the best of my knowledge.

Signature _____

Name (please print) _____

Date: _____



East Sussex
Fire & Rescue Service

The East Sussex Fire & Rescue Authority are committed to achieving a working environment that actively encourages, promotes and values equality and diversity. To support this aim, we welcome applications from all members of the community who share our commitment.

Monitoring Form

This information is for monitoring purposes only. All information given is confidential and WILL NOT be used in any way when short listing or deciding on whether an applicant is successful or unsuccessful in being appointed as a Community Volunteer. The information you give will help us to ensure that our recruitment procedures are fair by allowing us to identify and eliminate any potential areas of discrimination. Please put an 'X' in the appropriate boxes.

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	Do you identify as transgender? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Age	<input type="checkbox"/> 17-24 <input type="checkbox"/> 25-35 <input type="checkbox"/> 36 – 45 <input type="checkbox"/> 46 – 55 <input type="checkbox"/> 56 – 65 <input type="checkbox"/> 66 or over Date of Birth _____	
Disability	Disability is defined as 'a mental or physical impairment, which has substantial and long-term adverse effect on the ability to carry out normal, day-to-day activities'. Do you have a disability you wish us to know about? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please give details: _____ Are you dyslexic? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnic Group	Asian or Asian British: <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian background (Please state) _____	
	Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Other Mixed background (Please state) _____	
	Black or Black British: <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black background (Please state) _____	
	White: <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other White background (Please state) _____	
	Chinese or other ethnic group: <input type="checkbox"/> Chinese <input type="checkbox"/> Other ethnic group (Please state) _____	
Religion or Similar Belief	<input type="checkbox"/> None <input type="checkbox"/> Christian <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Other Religion/Similar Belief (Please state) _____ <input type="checkbox"/> Prefer not to state	