A red and white emblem with a red banner and a red ribbon

Description automatically generatedCommunity Volunteer Scheme

# Application Form

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| **First Name** |  |
| **Surname** |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone (Mobile)** |  |
| **E-Mail** |  |
| **Date of Birth** |  |
| **Present Status**  (employed & current role/student & type of course you are studying/volunteering) |  |
| Previous roles and experience, voluntary and paid |  |

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| Rehabilitation of Offenders Act 1974  Do you have any current or previous convictions Yes No  If yes, please give details:  As an organisation, we are committed to creating and fostering a culture that promotes safeguarding and the welfare of all children and adults at risk. Our safer recruitment practices support this by ensuring that there is a consistent and thorough process of obtaining, collating, analysing, and evaluating information from and about candidates to ensure that all persons appointed are suitable to work with our children and adults. We fully comply with our legal obligations to the Rehabilitation of Offenders Act 1974 “Exceptions Order”) 1975 and all successful applicants will undertake either a Standard or Enhanced DBS Check prior to commencing with our organisation |

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| **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 |  |

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| ***Experience*** *- describe why you are interested in volunteering at ESFRS. Describe your experience and how you have contributed effectively as part of a team* |
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| Please tick the three most relevant boxes below as to why you would like to volunteer and what you hope to achieve | | |
| Work experience |  |  |
| Try something new |  |  |
| Meeting different people |  |  |
| Getting involved in the community |  |  |
| Helping others |  |  |
| Other (please specify) |  |  |

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| What skills and abilities (paid/voluntary / at home) do you have that may help you in your role as a volunteer (e.g. good communicator, IT skills) describe how you gained these skills/abilities |
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| How did you hear about ESFRS Community Volunteer Scheme? |
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| As a volunteer we hope you will be able to commit to provide regular hours on  a flexible basis, **we only ask for 7 hours per month**. Please indicate below (approximately) which days and time of day you are generally able 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 |

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| Please tell us of any disability or illness which may restrict your activities, or any special requirements that need to be considered to enable you to fully participate in volunteering activities.  The ESFRS 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. |
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| 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:

## 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.

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| Gender | Male  Female |
| Do you identify as transgender?  Yes  No |
| 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?  Yes No If you answered yes, please give details:    Are you dyslexic?  Yes  No |
| Ethnic Group | Asian or Asian British: Mixed  India  White and Black Caribbean  Pakistani  White and Black African  Bangladeshi  White and Asian  Other Asian background  Other Mixed background  (Please state) (Please state)    Black or Black British: White:  Caribbean  British  African Irish  Other Black background Other White background  (Please state) (Please state)  Chinese or other ethnic group:  Chinese  Other ethnic group  (Please state) |
| Religion or Similar Belief | None  Christian  Buddhist  Hindu  Jewish  Muslim  Other Religion/Similar Belief (Please state)  Prefer not to state |