

**Volunteer Application Form**

Thank you so much for your interest in volunteering for SOAR Community. If you need assistance with completing this form, please email [communities@soarcommunity.org.uk](mailto:communities@soarcommunity.org.uk) or telephone us on 0114 213 4120.

All the information you provide on this form is confidential and will not be passed on to a third party. SOAR Community complies fully with Current Data Protection and Freedom of Information legislation.

|  |  |
| --- | --- |
| Which volunteer role are you applying for? |  |
| Where did you see this role advertised? |  |

|  |  |
| --- | --- |
| Pronouns (e.g., she, he, they): |  |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Mobile: |  |
| Email: |  |
| **Emergency contact** | |
| Name: |  |
| Relationship to you: |  |
| Contact number: |  |

1. **Please tell us why you would like to volunteer for SOAR Community** *(you can tick more than one box)*

|  |  |  |  |
| --- | --- | --- | --- |
| To make myself more employable |  | Sharing my skills and experience to help others |  |
| Give something back in my community |  | I want to develop new skills |  |
| To keep myself busy |  | Something enjoyable to do with my time |  |
| I’m interested in meeting new people |  | I want to make a difference |  |
| To help me in my journey |  | I believe in this cause |  |
| I’ve benefitted from SOAR services and want to give back |  | I’d rather volunteer than give money |  |
| Other: | | | |

|  |
| --- |
| 1. **Please tell us a little more about you and what skills and qualities you feel make you suitable for this volunteer role.** *Prompt: transferable skills that you use at home e.g., organisational and communication* |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Which days/times are you available to volunteer? *Please tick all that apply. Note that some volunteering roles are specific to a day & time.* | | | |
| Short term: |  | Open-ended: |  |
| Other (please specify): | | | |
| **Day** | | **AM (please tick)** | **PM (please tick)** |
| Monday: | |  |  |
| Tuesday: | |  |  |
| Wednesday: | |  |  |
| Thursday: | |  |  |
| Friday: | |  |  |

|  |
| --- |
| 1. Meeting your needs: if you require additional support or equipment, please tell us: |
|  |

|  |  |
| --- | --- |
| 1. **Consent** | |
| SOAR will store the information you have provided in order for you to carry out your role as a volunteer. All data will be stored securely and only shared with other organisations with your permission, or as necessary, such as for references relating to your application with SOAR. You have the right to view the data we hold about you, or request that some or all your data is deleted at any time. Copies of our privacy policy is available on our website if you require further clarification. | |
| If you are happy for SOAR to keep a record of your information and contact details, please tick the box to give consent. |  |

|  |
| --- |
| 1. **Volunteering status** |
| The right to volunteer in the UK can be dependent on your citizenship and UK immigration status so please make sure that you are allowed to volunteer on your visa.  If you’re receiving benefits, you can volunteer as many hours as you want each week and your benefits won’t be affected. However, depending on the benefits you receive, there are a few things you should know before you start. Please refer to the Citizens Advice for more information <https://www.citizensadvice.org.uk/benefits/benefits-introduction/how-volunteering-affects-your-benefits/> |

|  |  |
| --- | --- |
| 1. **Character references** *Prompt: Please provide two references from people who can comment on your experience and your suitability with SOAR. This could someone you have worked/volunteered for and neither should be a relative.* | |
| **Reference 1.** | |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| **Reference 2.** | |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |

|  |  |  |
| --- | --- | --- |
| 1. **Declaration.** | | |
| I confirm that the information given in this application is true and correct to the best of my knowledge and belief. *Please note, you will be required to read and sign SOAR’s Data consent form upon formal offer of volunteering.* | | |
| Name: | | |
| Signature: | | |
| Date: | | |
| 1. **Convictions.** *Prompt: Some of our roles are eligible for an enhanced DBS check. These roles are exempt from the Rehabilitation of Offenders Act 1974. This means that you have to tell us of any convictions you may have, even if they are spent. However, we are still able to involve volunteers with previous convictions, which we can discuss at a later stage in a confidential and sympathetic manner.* | | |
| Have you ever been convicted, cautioned, bound over or have a conviction pending in respect of any criminal offence which is not considered spent? | Yes | (Please tick) |
| No | (Please tick) |
| If yes please detail here: | | |
| NOTE   * You are advised that under the provision of the rehabilitation of Offenders Act 1974, (Exceptions) Amendment Order 1986 a person should declare all convictions where working with children/vulnerable adults. * Telling us about a conviction does not automatically exclude applicants from consideration. The offence will only be taken into account if it is considered to be one that would make the applicant unsuitable for the type of volunteering for which they have applied. * The information provided will be treated as strictly confidential and will be considered only in relation to this volunteering application. | | |

Please return the complication application form to:

SOAR Communities Team

SOAR Works Enterprise Centre

14 Knutton Road

Sheffield S5 9NU

Tel. 0114 213 4120

Email. [communities@soarcommunity.org.uk](mailto:communities@soarcommunity.org.uk)

**SOAR Office (only):**

|  |  |
| --- | --- |
| Date application received: |  |
| Date reference sought: |  |
| Date of interview: |  |
| Start Date: |  |
| End date (estimated): |  |