

All information contained in this **VOLUNTEER 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 for the voluntary role. If you require any assistance in completing this form please telephone the Volunteer Co-ordinator on (028) 95 215 115.

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| **YOUR CONTACT DETAILS** Please complete all sections – Please use in Block Capitals | | | | | |
| **First name** | | **Surname** | | **Gender** | **Date of Application** |
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| **Are you over 18?** | **Email Address (please print clearly)** | | | **Best way to contact you?** | |
| Yes 🞎 No 🞎 |  | | |  | |
| **Home Address & Postcode** | | | **Telephone (home)** | | |
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| **Telephone (mobile)** | | |
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| **Telephone (work)** | | |
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| **How did you hear about volunteering with Depaul? (a friend, website, Volunteer Centre etc)** | | | | | |
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| **VOLUNTEERING OR LIFE EXPERIENCE (Optional)** |
| Please provide details of any volunteering or life experience you feel is relevant to your application. |
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| **NON FORMAL TRAINING (Optional)** |
| Please list any relevant courses you may have attended: |
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| **EDUCATION OR EMPLOYMENT (Optional)**  If you would like to provide details of your education or work experience to date, please do so below: | | |
| **Period: from / to** | **Employer / School /College** | **Details** |
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| **GENERAL INFORMATION** Please help us to place you effectively by completing the following information about yourself. | | |
| **Why would you like to be a Volunteer with Depaul?** | | |
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| **What do you want to gain from the experience?** | | |
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| **Please outline your Hobbies and Interests:** | | |
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| **What skills and abilities do you feel you can offer Depaul Services as a volunteer?** | | |
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**INTEREST**Please refer to our Current Services and Volunteer Opportunities information and select your interest:

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| Stella Maris  Belfast 🞎 | | Cloverhill  Family Service Belfast 🞎 | | Mater Dei Family Service  Belfast 🞎 | | | Castlehill  Dungannon🞎 | | Floating Support / Housing First  Various locations 🞎 | | | Foyle Haven  Derry City 🞎 | | Events/Fundraising/ Admin / Policy etc  Various locations 🞎 | |
| What activity or role are you particularly interested in? Please explain why you chose this role. | | | | | | | | | | | | | | | |
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| **AVAILABILITY** Please tick when you could be available to volunteer. | | | | | | | | | | | | | | | |
|  | **Monday** | | **Tuesday** | | | **Wednesday** | | **Thursday** | | **Friday** | | | **Saturday** | | **Sunday** |
| Morning |  | |  | | |  | |  | |  | | |  | |  |
| Afternoon |  | |  | | |  | |  | |  | | |  | |  |
| Evening |  | |  | | |  | |  | |  | | |  | |  |
| **REFEREES**  Please provide the contact details of two referees who are in a position to assess your ability and suitability for volunteering with Depaul. They must be someone who knows you well and must not be family members. | | | | | | | | | | | | | | | |
| **Please complete all details.** | | | | | **First referee** | | | | | | **Second referee** | | | | |
| **Circumstance & Period of time they know you.** | | | | |  | | | | | |  | | | | |
| **Name of referee** | | | | |  | | | | | |  | | | | |
| **Address of referee** | | | | |  | | | | | |  | | | | |
|  | | | | | |  | | | | |
| **Daytime telephone number / mobile** | | | | |  | | | | | |  | | | | |
| **Email address** | | | | |  | | | | | |  | | | | |

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| **Do you feel you have any Health / Disability / Other support needs that may be relevant to your participation in voluntary work? Please note that this will not be revealed without your consent.** |
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| **DECLARATION OF CRIMINAL CONVICTIONS** Because of the nature of our work with vulnerable young people and adults, we need to know the following | | |
| Have you ever been convicted of a criminal offence, which cannot be considered ‘spent’ under the Rehabilitation of Offenders (NI) Order 1978? | Yes 🞎 | No 🞎 |
| If the answer is Yes, we may need to discuss it with you. It will not necessarily prevent you from becoming a volunteer. If you wish, you may give further details below.  **For Volunteer Roles that require regular direct involvement with our client group, you will be required to give your consent for a Protection of Children and Vulnerable Adults (AccessNI) check, for more info visit:** <https://www.nidirect.gov.uk/articles/types-accessni-checks>.  Please note that these checks are only carried out for selected volunteers. This process is FREE for volunteers. Please refer to the separate AccessNI guidance. | | |
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| **Due to the nature of the work we carry out and our service users, Depaul is registered with AccessNI. Is there any reason why you cannot volunteer in Regulated Activity?** | | |
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| **DECLARATION**  I declare that the information given on this form is complete and correct to the best of my knowledge and that I understand that inaccurate or false information given may result in an offer of volunteering or placement being withdrawn. Application forms must be signed and dated. | | |
| **Applicants Signature** | **Date** | |
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Your completed Volunteer Application Form should be returned to:

**Jenny Groves, Volunteer Co-ordinator**

**Depaul, Unit 4, Nelson Street Trade Centre, Nelson Street, Belfast, BT15 1BH**

Alternatively you can email it to: [**volunteerni@depaulcharity.net**](mailto:volunteerni@depaulcharity.net)

Upon receipt of your application the Volunteer Co-ordinator will contact you to discuss your application and provide further details about future training dates.

Further information about volunteering please visit our website [**www.ie.depaulcharity.org**](http://www.ie.depaulcharity.org)

**IIP GOLDRegistered Charity No: XR87991**