



## Volunteer Application Form

SIFA Fireside is committed to equal opportunities and welcomes volunteers from all sections of the community

Please complete in black ink, typed or in capitals.

### Contact details:

FIRST NAME:	SURNAME:	MR/MRS/MISS/MS /OTHER:
Address:	Daytime telephone number:	Other contact number: E mail:

### Next of Kin:

Surname:	First Name:	Relationship:
Address:	Tel No:	

### When are you available for voluntary work?

	8.30am-1.30pm
Monday	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>
Thursday	<input type="checkbox"/>
Friday	<input type="checkbox"/>

**Possible Tasks**

*Volunteers can be involved in various ways. Please tick one or more areas in which you would like to be involved in and be of an interest to you: Please note, some of the activities are restricted to certain days.*

- Kitchen (food preparation, serving, clearing up)
- Befriending / General support
- Reception /Service Desk Support
- Administrative support
- Cleaning
- Sorting out donations i.e. food and clothes

Please state how long would you like to volunteer for at SIFA Fireside?

**General Experience/Interests**

Please give details of any interests, education background, employment history or voluntary work that support your application and show your skills, knowledge and experience for the post you are applying for.

Furthermore, please state why you would like to volunteer at SIFA Fireside and what your expectations are from volunteering at with us.

**Why have you chosen to volunteer with us?**

**What are your expectations from volunteering?**

**Additional information to support your application**

## Rehabilitation Offenders Act 1974

### Criminal convictions

Have you had a Criminal Records Bureau check within the last 3 years?      Yes  No

Have you ever been convicted of any offence, which is not considered spent?      Yes  No

**(If yes, please provide brief details on a separate sheet and mark it private and confidential.  
Declaring a conviction will NOT automatically stop you from volunteering)**

### Health and well-being

Do you have a disability?      Yes  No

If yes, please specify in order for us to make reasonable adjustments and accommodate your needs

We accept applications from individuals who have experienced previous problems with drink or drugs. If this applies to you, have you achieved a period of abstinence of at least 1 year and have a permanent residence?      Yes      No      

When can you start volunteering with us?

### References

Please provide the names and addresses of two professional referees (friend of the family, work colleague, teacher, voluntary work organiser, etc and **must not** be a relative or partner). Referees will only be contacted once a formal offer of volunteering agreement has been made and if deemed necessary by Volunteer Organiser.

Name:	Name:
Address:	Address:
Post code:	Post code:
Tel No:	Tel No:
E-mail :	E-mail :
Relationship to you:	Relationship to you:

**Declaration**

The information provided in this application will be processed (as defined under the Data Protection Act 1998) for SIFA Fireside monitoring purpose. All information contained within the application form will remain in strictest confidence and will not be passed on to third party without your permission only.

The facts contained in this application form and the supporting information is, true and accurate to the best of my knowledge.

I understand that if it is subsequently discovered any statement is false or misleading, or that I have withheld relevant information, my application to volunteer may be disqualified, or if I have been appointed I may be dismissed.

I consent to the processing of my information as part of recruitment and selection.

Signed: .....

Date: ..... / ..... / .....

*Please note, you will need to undertake an Enhanced Criminal Record Bureau check if working one to one or unsupervised with vulnerable adults and young people.*

Please return your completed application form to Office, SIFA Fireside, 48-52 Allcock Street, Birmingham B9 4DY. Alternatively, you can e-mail: [volunteer@sifafireside.co.uk](mailto:volunteer@sifafireside.co.uk)  
**PLEASE MARK THE ENVELOPE 'PRIVATE AND CONFIDENTIAL'**

**For Office Use Only**

Date application received: \_\_\_\_\_

Interview date: \_\_\_\_\_

References sent (name and date) 1) \_\_\_\_\_ Received date: \_\_\_\_\_

2) \_\_\_\_\_ Received date: \_\_\_\_\_

CRB Clearance received (date): \_\_\_\_\_

