**Volunteer Application Form**

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| To be completed by Shelter NI | Volunteer No: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Full name |  | | |
| Address |  | | |
|  | | Post Code |  |
| Phone No |  | DOB |  |
| Email |  | | |

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| --- | --- | --- | --- | --- | --- |
| **How did you hear about Shelter NI?** | | | | | |
| Social Media | 🞏 | Friend /Family | 🞏 | Other: |  |

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| --- |
| Have you volunteered anywhere before? Please tell us a bit about your last/current voluntary position below. If you have never volunteered before, please tell us about your last/current job: |
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| --- | --- | --- | --- | --- |
| **Which role(s) are you interested in?** | | | | |
| Collection Box Distributor | | 🞏 | Community Speaker | 🞏 |
| Fundraising | | 🞏 | Event Organiser | 🞏 |
| Photographer | | 🞏 | Graphic Designer | 🞏 |
| Other: |  | | | |

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| **Please state why you are interested in volunteering with us?** |
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| **Do you have any particular skills or experience that you feel would be relevant to this type of voluntary work?** |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **When are you available to volunteer? Please tick the boxes that are suitable.** | | | | | | | |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Afternoon | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Evening | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

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| **Please give details of two referees who would be willing to comment on your suitability as a volunteer with us (not relatives).** | | | | | |
| **Reference 1** | |  |  | **Reference 2** | |
| Name |  |  |  | Name |  |
| Occupation |  |  |  | Occupation |  |
| Address |  |  |  | Address |  |
|  |  |  |  |  |  |
| Post Code |  |  |  | Post Code |  |
| Phone No |  |  |  | Phone No |  |
| Email |  |  |  | Email |  |
| Relationship |  |  |  | Relationship |  |

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| **Who can we contact in case of emergency?** | | | |
| Full name |  | | |
| Address |  | | |
|  |  | Phone No |  |

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| **Equal Opportunities** | | | |
| Shelter NI welcomes applicants from all different backgrounds, with all ranges of abilities. We aim to create a positive environment that enables all volunteers to realise their full potential. Please give details below of any disabilities or health issues you may have (e.g. bad back), to enable us to consider any appropriate adjustments to the volunteer environment and better support you in your role. | | | |
|  | | | |
| **Under the rehabilitation of Offenders Act 1974, do you have any unspent criminal conviction?** | | | |
| Yes | 🞏 | No | 🞏 |
| If you have ticked yes, summarise details below. Having a conviction will not necessary stop you from volunteering, but will need to be taken into consideration when assessing your suitability. | | | |
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| --- | --- | --- | --- |
| **Your Details**  All your information will be processed in accordance with GDPR. Please see our Privacy Statement for further information. www.shelterni.org | | | |
| Signed |  | Date |  |

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| --- |
| **Please return this completed form to:** |
| [events@shelterni.org](mailto:events@shelterni.org) or **Shelter NI, 58 Howard Street, Belfast BT1 6PJ** |
|  |
| **Thank you for completing this form. We will be in touch as soon as possible.** |