



Southern Health  
and Social Care Trust

*Quality Care - for you, with you*

***Volunteer Application Form***

**By completing this application form, you will assist us to find the best placement for you. If you have any difficulties with the form, please ask for assistance. The details will be treated confidentially and will only be passed to the placement provider with your permission.**

Full Name: \_\_\_\_\_

Maiden Name/Previous Surname(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post code: \_\_\_\_\_

Home Tel No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email: \_\_\_\_\_ Text Phone: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

\_\_\_\_\_

**Please give a brief description of your background, including skills and qualifications you might wish to use in your voluntary work. You may wish to include previous/current experience of employment/ voluntary work/ training/ caring responsibilities.**


How often are you available to volunteer (Please circle)

Daily

Weekly

Fortnightly

Monthly

**Please indicate when you are available to volunteer**

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

**Please tick which of the following areas of voluntary work you are interested in.**

Befriending		Older People		Entertainment	
Mental Health		Children		Driving	
Learning Difficulties		Summer Scheme			
Physically Disabled		Bus Escort			
Sensory impaired/Loss		Arts & crafts			
Promoting Well Being		Gardening			
Other					

**Are you happy to be contacted about one - off volunteering opportunities?**  
**Yes/No**

**References: Please name 2 persons (not family members) who have agreed to act as referee on your behalf. If you have been employed before, you must include the details of you former employer.**

Name:	Name:
Address:	Address:
Post Code:	Post Code:
Telephone :	Telephone:
Occupation:	Occupation:

**Have you any disabilities/illnesses which may affect your voluntary work**                      **Yes/No**

**If yes please specify:**

---

---

---

---

---

---

**Do you have a driving licence?    Do you have access to a car?**

**Yes / No                                  Yes / No**

## Disclosure of criminal record

The sole purpose for requesting information about your criminal record is to offer protection to our client and service users. Any disclosure will be seen in the context of the volunteer role and the nature of the offence. Having a criminal record will not necessarily prevent you from becoming a volunteer.

Under the Rehabilitation of Offenders (Exceptions) Order Northern Ireland, 1979, the Northern Ireland Health and Social Services are included in the list of excepted employers. As such, all criminal convictions may never be regarded as spent and must be disclosed when applying for a post in the Health Service. It is necessary therefore to ask the following questions:

1. Have you ever been convicted of any criminal offence?

Yes ☐ No ☐

2. Are you currently the subject of police investigation?

Yes ☐ No ☐

3. Do you have any prosecutions pending?

Yes ☐ No ☐

If yes, list below details of ALL charges, prosecutions, convictions, cautions, bind-over orders - even if they happened a long time ago. You must include any minor matters, any road traffic or motoring offences and any which may be pending. If you leave anything out it may affect your application.

---

---

---

---

---

---

Yes ☐ No ☐

---

---

---

1. Are you currently registered with the ISA

YES ☐ Go to Q 1A No ☐ Go to Q 1B

[illegible]

**1B. If No have you ever applied for ISA Registration** YES ☐ Go to Q 2 NO ☐ If successful you may be required to register – see applicant pack

2. If Yes, are you;	Awaiting Outcome (go to Declaration)	<input type="checkbox"/>
	Currently Barred (go to Q 3)	<input type="checkbox"/>

3. Please state why you are Barred from ISA Registration

I consent to my ISA registration being checked based on the information included in this form.

## Consent and Declaration of Accuracy

I understand, depending on where I undertake my role that a criminal record check with the police may be carried out before my appointment can be confirmed and I am aware that spent convictions may be disclosed. I am also aware that I will have to undertake a health check before commencing volunteer work within the Trust. I declare that the information I have given is accurate and I consent to the police check being made.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Are you already registered with a Volunteer Centre **Yes/No**

If so please state the name of the Centre \_\_\_\_\_

**Please tick the box if you do not wish your details to be given to the local volunteer centre to become automatically registered with them.** ☐

### Official Use Only

ID Check carried out

☐

**Preferred volunteer opportunities:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**O.H. appointment Date** \_\_\_\_\_

**References Sent Date** \_\_\_\_\_

**Confirmed Volunteer Placement** \_\_\_\_\_

**Start Date** \_\_\_\_\_