A logo with a person in a flower

Description automatically generated

# Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| Address\* |  | Post code |  |
| Mobile / Telephone\* |  | | |
| Email\* |  | | |
| Please state any relevant medical conditions: | | | |

***\*Please advise us of any change of Address / Details***

**Please complete the questions below:**

Do you drive, could you offer this service? Yes / No

Are you applying for a particular role Yes / No.

If yes which one\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you studied the SEJ or attended any other SEJ training events? Yes / No Please list here:

Do you have any criminal convictions? Yes / No If Yes, please give details below:

Do you have an Enhanced DBS to work with children? Yes / No

What do you feel you can offer as a Volunteer? Please give details below, including your availability:

Please list here any relevant experience you have.

Please list any qualifications that you have that support your volunteering.

If you wish to give further information on any of the above, please add them below:

**Please provide 2 contact details for references; one must be from an employer or someone in a professional capacity, such as a GP or solicitor, not family.**

Name -

Relation to applicant -

Email Address -

Telephone number –

Do you consent to the SEJ contacting this reference Yes/No

Name -

Relation to applicant -

Email Address -

Telephone number –

Do you consent to the SEJ contacting this reference Yes/No

# Volunteer Declaration (sign only if volunteering)

I understand that I, as an individual/organisation, am a Volunteer and therefore work to offer my services to the SEJ organisation.

I understand that I / my organisation is not employed by The SEJ.

I also understand I / my organisation is responsible for my own insurance coverage (if applicable), of which I will provide an updated version as appropriate. Insurance to include all documents to operate, as appropriate to the skill set volunteered, this includes a driver's license.

I am free to offer hours and services as suits me / organisation. I am fully able to offer my services and do not know of any legal reason for not being able to do so.

I note I can leave the organisation at any time, giving one month’s notice. I furthermore understand The SEJ can also give one month’s notice in the event of a breach of terms and conditions or immediate notice to leave as deemed appropriate by Head Office.

Name (Print)…………………………………………………….……. Date…………………….

Signature……………………………………………….

Witness

Name (Print)…………………………………………………….……. Date……………………….

Signature…………………………………………….

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Head Office Use Only**

# Step one

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

Application Review phone / Online / face to face \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Successful YES / NO

Copy of Insurance required: YES / NO

Copy of Insurance received: YES / NO

Additional Information: Interviewer Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

File in Volunteer Applications or Personnel File if assigned a volunteer position.