**Summer Scheme 2021  
Returning Volunteer Application**

**What weeks are you available (tick all that apply)?**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Week 1:** 05.07.21 to 09.07.21  Am Pm | | **Week 2:** 13.07.21 to 16.07.21  Am Pm | | **Week 3:** 19.07.21 to 23.07.21  Am Pm | | **Week 4:** 26.07.21 to 30.07.21  Am Pm | | **Week 5:** 02.08.21 to 06.08.21  Am Pm | | **Week6:**  09.08.21 to 13.08.21  Am Pm | | **Week7:**  16.08.21 to 20.08.21    Am Pm | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

***PLEASE NOTE: Due to the nature of our work, we are only looking for volunteers that can commit to at least one full week of the summer scheme. ( either Am( 8:30 to 12:30) or Pm (12:30 to 16:30) session or both ☺ )*** ***Sólás is committed to providing a reliable and consistent service to our users. Therefore we ask that you only apply to volunteer if you can commit a full week of your time rather than individual days.***

1. **Personal Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname: | | Forename: | | Title: |
| Previous surnames: | | | Date of Birth: | |
| Marital Status: | | | National Insurance Number: | |
| Home Address:  Post Code: | | | | |
| Address for correspondence if different from above: | | | | |
| **Contact details** | Mobile number:  Email: | | | |

1. **Please provide details about your previous experiences with Sólás:**

***PLEASE NOTE: If your AccessNI was done more than two years ago, we will be in touch regarding renewing it.***

1. **Please detail changes to any of the following since your last application:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **DETAILS** | **DATE** | **OUTCOME/ PENDING?** |
| Secondary Education / Professional Qualifications |  |  |  |
| Employment History |  |  |  |
| Training Courses / Skills |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **DETAILS** | **DATE** | **OUTCOME/ PENDING?** |
| Medical History  *(details of illnesses, operations or accidents resulting in absence from work or medical conditions that you suffer from e.g. diabetes, epilepsy)*  **Are you registered disabled?** | **YES/NO** |  |  |
| Relevant voluntary work experience in working with 4 – 12 year olds and children with special needs. |  |  |  |
| Any other relevant information |  |  |  |

**Disclosure of Conviction**

This post will involve contact with children and young people. Spent convictions may be disclosed.

Have you ever been convicted of a criminal offence? (circle as appropriate)

YES/NO

If ‘YES’ please give brief details:

DECLARATION

*I declare that all the particulars given are correct and should any false statements / omissions be made, Sólás reserve the right of dismissal. I understand that any employment offer is subject to the receipt of satisfactory references / checks via Criminal Records (P.E.C.S.)*

**SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please email completed application to

jeanne@solasbt7.com.com or return to the organisation’s   
address at the top of this application by Friday, the 31st of May at 5 PM.

**Thank-you for your interest in volunteering with Sólás.**