

Date	No	ID	FA	MB	BSL
Holiday offered					



## VST Volunteer Application Form 2009

Please complete this form in **black ink**

### 1. Contact details ( We will need to be in regular contact)

Name		Male/Female	
Date of Birth		Age	
Permanent address: (We will send mail to this address, unless you notify us otherwise)			
Postcode			
Second address (i.e. if you are a student)			
Postcode			
Dates in 2009 you will be at your second address			
Tel/text no: (Home)		Tel/text no: (2 <sup>nd</sup> address)	
Tel/text: (Work)		Mobile	
E mail:			
Do you require communication in any other format? (Standard size will be size 14 Arial) If yes, please provide further details:			<b>Yes/No</b>
Font size:	Preferred font:	Paper colour:	
Braille: <input type="checkbox"/>	Audio: <input type="checkbox"/>	Other, (please specify): <input type="checkbox"/>	

## 2. Volunteering preferences

Are you interested in volunteering on:

- A Sense Holiday  Go to section 2.1  
 A Sense Event  Go to section 2.2  
 Both  Complete both sections

### 2.1 Holidays

Which age group are you most interested in? (Please tick the box)

Children (0-11 years) <input type="checkbox"/>	Young Person (12-18 years) <input type="checkbox"/>	Adult (19+ years) <input type="checkbox"/>
Holiday Plus Summer 2009 <input type="checkbox"/>	Brittany France 18 <sup>th</sup> – 25 <sup>th</sup> April <input type="checkbox"/>	
	The Bradbury hotel, West Sussex 4 <sup>th</sup> -11 <sup>th</sup> April <input type="checkbox"/>	

*Please tick the holidays you are most interested in. If you have a particular preference please indicate with 1,2 or 3*

Week 1	Week 2	Week 3	Week 4	Week 5
Ribby Hall <input type="checkbox"/>	Beamsley A <input type="checkbox"/>	Macaroni Wood A <input type="checkbox"/>	Macaroni Wood B <input type="checkbox"/>	Beamsley B <input type="checkbox"/>
Holton Lee Barn <input type="checkbox"/>	Kingfisher Barn <input type="checkbox"/>	Broadstairs Folk Festival <input type="checkbox"/>	Close Shave A <input type="checkbox"/>	Close Shave B <input type="checkbox"/>
The Boathouse <input type="checkbox"/>	Hall farm <input type="checkbox"/>	Owl Barn <input type="checkbox"/>	Conygre Farm <input type="checkbox"/>	Whitehouse Farm <input type="checkbox"/>
Clynfyw <input type="checkbox"/>	Discovery Sailing <input type="checkbox"/>	White Lodge Farm <input type="checkbox"/>	Crossroads <input type="checkbox"/>	Chestnut Lodge <input type="checkbox"/>
Stubbers Activity Centre <input type="checkbox"/>	Elveden Forest <input type="checkbox"/>	Tamarack Lodge <input type="checkbox"/>	Church Farm <input type="checkbox"/>	Sladen Lodge <input type="checkbox"/>

Would you be able to volunteer on any other holiday? **Yes/No**

If you don't have a preferred choice of holiday, please give dates when you are able to volunteer

## 2.2 VST Events 2009

March	April	May	June	July
Leisure club - Welshpool <input type="checkbox"/>	Family Weekend – South East <input type="checkbox"/>	Barnet Family Day <input type="checkbox"/>	Barnet Family Day <input type="checkbox"/>  Sibling Event <input type="checkbox"/>  Deafblind event <input type="checkbox"/>	Kent Activity Day <input type="checkbox"/>
Forum <input type="checkbox"/>				
August	September	October	November	December
	Young Sense Weekend <input type="checkbox"/>	Members Day <input type="checkbox"/>	CHARGE Family Day <input type="checkbox"/>	Barnet Family Day <input type="checkbox"/>

If you cannot do any of the above events but would like to be informed on any more that are up and coming please tick this box

## 3. Tell us about yourself

What do you do at the moment? (If you work, please tell us a bit about your role, if you're a student, what are you studying.....)

Please give details of the jobs you have held over the last **5 years** and give details of any periods when you were unavailable for work, undertaking voluntary work or studying etc... Please continue on a separate sheet if necessary

Dates employment started and finished.	Name of employer and town	What was your job title? Describe the work you did.

Have you volunteered with Sense before? If yes, please give details	<b>Yes/No</b>
Why do you want to volunteer with Sense?	
What are your hobbies and interests?	

#### **4. Skills**

All sorts of skills are useful for volunteering at VST events. Please indicate below where you feel your **3** strongest qualities lie.

Good communication skills	<input type="checkbox"/>	Patience	<input type="checkbox"/>	Sensitivity	<input type="checkbox"/>
Good common sense	<input type="checkbox"/>	Energy	<input type="checkbox"/>	Team skills	<input type="checkbox"/>
Practical skills	<input type="checkbox"/>	Initiative	<input type="checkbox"/>		

What other skills or qualities do you have which might be relevant to a VST event? ( For example, cooking, massage or good organizational skills). These might be skills used either at work or in your spare time.

The following skills are not essential for volunteer placement, but finding out about them helps us spread people's skills around

Can you drive	<b>Yes/No</b>
On what date did you pass your driving test	
Would you be willing to be a designated mini bus driver? (subject to legislation, please see guidelines)	<b>Yes/No</b>
Do you have a car that you would be willing to use? (We would cover your petrol costs during the event)	<b>Yes/No</b>
Can you swim?	<b>Yes/No</b>
Can you life save?	<b>Yes/No</b>

Do you have a medical or nursing background? If yes please tell us about it	<b>Yes/No</b>
Do you hold a <b>current</b> first aid certificate? (Within the last 3 years)	<b>Yes/No</b>
If yes, would you be willing to be a designated first aider? (please see guidelines)	<b>Yes/No</b>
When was your course?	
Who was your course with?	
What was the course qualification?	

<b>5. Communication</b>
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Which is your first or preferred method of communication? (Please tick)			
Spoken English <input type="checkbox"/>	British Sign Language <input type="checkbox"/>	Sign supported English <input type="checkbox"/>	Other (please state): <input type="checkbox"/>

Do you have any further communication skills? (Please tick)  
 Please indicate what level and how often you use it.

Spoken English <input type="checkbox"/>	British Sign Language <input type="checkbox"/>	Sign Supported English <input type="checkbox"/>	Other (please state): <input type="checkbox"/>
Level	Level	Level	Level
How often	How often	How often	How often

## 6. More about you....

Do you have any phobias (e.g. a fear of heights)? **Yes/No**  
If yes, please give further details

Do you have any special dietary requirements? **Yes/No**  
If yes, please give further specific details

Do you have any known allergies? **Yes/No**  
If yes, please give further details

Do you smoke? (Smoking may be restricted at some events) **Yes/No**

Do you have a hearing, visual or physical impairment **Yes/No**

If you have a hearing impairment: Please tell us more about how you communicate, e.g., can you lip read, are you comfortable using your voice if necessary?

If you have a visual impairment: Please tell us more about your mobility and orientation needs. For example do you require a guide, how is your vision at night?

If you have a physical impairment: Please tell us what additional support we can provide you whilst on your holiday.

Are you in good mental and physical health? **Yes/No**  
If no, please provide further details so we are able to provide adequate support to you.

Is there any other support you may need whilst volunteering at a VST event?  
If yes, please provide further details.

**Yes/No**

Do you have any religious, spiritual and/or cultural needs that we need to be aware of and how we can support you to fulfill these whilst volunteering at A VST event?  
Please give as much information as possible:

Please give the contact details of your Next of Kin.

Name

Address

Phone number

Relationship to you

## 7. Referees

*If you have volunteered for Sense Holidays in 2007 or 2008 you do not need to fill in this section.*

### Professional reference

1. Name:	
Relationship to you:	
Job title	Organisation
Address	
Postcode	Contact number ( please indicate if this is a telephone, textphone or fax number
E mail address	

### Personal reference

1. Name:	
Relationship to you:	
Job title	Organisation
Address	
Postcode	Contact number ( please indicate if this is a telephone, textphone or fax number
E mail address	

**IMPORTANT: REHABILITATION OF OFFENDERS ACT (exemptions)**  
**Please read this section carefully and sign and date accordingly**

Because of the nature of the work for which you are volunteering, this activity is exempt from the provision of Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act (Exemptions) Order 1975. Volunteers are therefore not entitled to withhold information about any cautions or convictions, which, for other purposes, are 'spent' under the provision of the Act. Any information given will be completely confidential and will be considered only in relation to an application for positions to which an order applies. Please, therefore, give in confidence any details of any cautions or convictions. (Details may be supplied in a sealed envelope if you wish.)

Signed: ✕

Dated:

I confirm all details in this form are correct and I will contact you if any details change:

Applicants signature ✕

Date

Please tick here if you are not willing for us to enter the above details into our database. This information is for the use of Sense only and is not made available to any other organisation

**Check!!**

I have given my choices for holidays

I have given my full 5 year history

I have signed both parts on the back of this form

This form will be detached when your application form is received

## 2009 Volunteer equal opportunities monitoring form

Sense is committed to finding out whether our services are reaching all sections of the community. Please take a few moments to complete this form and return it either with your application form or in a separate envelope. All information received will be held in the strictest confidence and will only be used by Sense to assess how far our volunteering opportunities are accessible to the widest range of people in the community

Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Age	21 or under	<input type="checkbox"/>	22-34	<input type="checkbox"/>
	35 -50	<input type="checkbox"/>	51 or over	<input type="checkbox"/>

**Do you consider yourself disabled?** **Yes/No**

**Do you have a sensory impairment?** **Yes/No**

**Ethnic origin** – This section uses the same categories as in the last Government census, so Sense is able to monitor whether volunteer applications reflect the national population. What do you regard as your ethnic origin?

White  Black Caribbean  Black African

Black other  Indian  Pakistani

Bangladeshi  Chinese

Other please specify)

I do not wish to give this information

**How did you hear about us?** It is really important that we know how you found out about our volunteering opportunities, so we can evaluate our recruitment plan.

On Sense volunteer mailing list

Through friend/word of mouth

Through internet – which website

In newspaper/magazine – publication name

I saw a poster – where?

Via Duke of Edinburgh Award – how?

Other – how?

