

**Volunteer Registration Form**

Sólás is a Special Needs Charity which supports the educational and social development needs of children and young people with additional needs and autism in the greater Belfast area and across Northern Ireland.

**Please complete this form in CAPITAL LETTERS**

**ABOUT YOU**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title | First Name | | Surname | | | |
| Address  Postcode | | | Tel No  Mobile  Email | | | |
| D.O.B.  N.I. Number | |  | |
| Emergency Contact Name and Number | | |  | | | |
| Work Status  (please tick) | Retired | Work F/T | | Work P/T | | Student |
|  |  | |  | |  |

**REFERENCES**

|  |  |  |
| --- | --- | --- |
| Please give the names and contact details of 2 people who have known you for more than 2 years (**not relatives**) and are willing to act as referees. At least one referee should have knowledge of your experience working with children/young people in a paid/voluntary position | | |
| Name | **1st REFEREE** | **2nd REFEREE** |
|  |  |
| Address |  |  |
| Email |  |  |
| Tel Number |  |  |
| Relationship to you |  |  |

**VOLUNTEERING OPTIONS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Please refer to ‘Sólás Volunteering Opportunities Sheet’ enclosed with this form and tick which initiative(s) you are interested in | | | | | | | |
| **EDUCATION** | | **TRANSITION TO ADULTHOOD** | | **AUTISM AND SOCIAL COMMUNICATION** | | **ASD**  **SUMMER SCHEME** | |
| Back On Track |  | The Patch |  | After School Club  **Which afternoons?**  **Mon/Tue/Wed/Thurs/Fri** |  | Week One |  |
|  |
| Kidz Support Den |  | Champ Youth |  | Saturday Club |  | Week Two |  |
|  | |  | | Early Years  **Which mornings?**  **Mon/Tue/Wed/Thurs/Fri** |  | Week Three  Week Four |  |
|  |  |

**EXPERIENCE, SKILLS AND MOTIVATION**

|  |
| --- |
| Please detail any volunteering, work experience and skills relevant to the volunteering role for which you are applying |
|  |
| Please tell us about your particular interest in volunteering with Sólás and what you hope to get out of this experience |
|  |

**ADDITIONAL INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please tell us about any particular health problems and/or disabilities, which you feel we should be aware of, when considering your choice of volunteering with Sólás | | | | | |
|  | | | | | |
| This role will require an AccessNI check to be completed. The AccessNI Code of Practice applies to all registered bodies under ANI, including Sólás. Please disclose if there is any reason why you cannot work in regulated activity.  ***Having a criminal record will not necessarily prohibit you from volunteering with Sólás. This will depend on the nature of the position, together with the circumstances and background of your offences or other information contained on a Disclosure Certificate or provided directly to us by the police. Sólás policy on recruitment of ex-offenders will be made available to you on request.*** | | | | | |
|  | | | | | |
| How did you hear about volunteering with Sólás? Please tick | | | | | |
| Word of Mouth | Advert | Leaflets | Website | Internet | Other  *(please detail)* |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** |  |

**Please return your completed form to**

**joan@solasbt7.com**

Sólás

Parkmore Building

284a Ormeau Road, Belfast, BT7 2GB

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For Office Use Only** | | | | |
| Application Rec’d Date | |  | | |
| Forwarded to | |  | | |
| Interview Date | |  | | |
| References | 1. Requested 2. Requested | | | 1. Rec’d 2. Rec’d |
| AccessNI | Completed | | | Cleared |
| Volunteer Placement(s) Agreed | | |  | |

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