

South Wales Fire and Rescue Service

Community Safety and Partnerships Volunteer Application Pack



Thank you for showing an interest in becoming a Volunteer with South Wales Fire and Rescue Service (SWFRS).

We are currently seeking volunteers from a variety of backgrounds that can bring a range of skills and experience to the organisation.

We value all volunteers because they give their time and skills freely to assist people in various activities. Volunteering with us is rewarding as it offers the opportunity to meet new people, undertake new challenges and experiences and provides the satisfaction that comes from making a real contribution to the safety of communities in South Wales.

Volunteers must be over the age of 16 to apply. Please note that some activities will require volunteers to be over the age of 18.

Please find enclosed a copy of our application pack, which will tell you about our activities and the ways in which you can become involved.

Once you have completed your application form please return as follows:

E-mail: SWFRSVolunteers@southwales-fire.gov.uk

or via post: Volunteer Applications

Community Safety and Partnerships Dept South Wales Fire and Rescue Service HQ

Forest View Business Park

Llantrisant

RCT

CF72 8LX

01443 232087

Completing Your Application

You will find attached a copy of our Volunteer Application Form and Equal Opportunities monitoring form which will need to be completed and returned.

Please make sure that you complete all areas of the form.

Please note that we will also require details of two referees who will be contacted as part of the recruitment process. These will not be contacted until you have been found successful at interview.

All applicants are required to disclose details of any unspent convictions in accordance with the Rehabilitation of Offenders Act 1974. Any disclosure of an unspent conviction will not automatically prevent you from volunteering unless the nature of the offence renders you unsuitable for the role. All disclosures will be considered on an individual basis.

Volunteers will be required to undertake an Enhanced Disclosure and Barring Service check. The DBS Checks will be facilitated by SWFRS and further information will be provided as part of the recruitment process.

If, however, you would like to discuss the volunteering roles in more detail or have any general enquiries about volunteering with SWFRS please contact:

E-mail: SWFRSVolunteers@southwales-fire.gov.uk

or via post: Volunteer Manager

Community Safety and Partnerships Dept South Wales Fire and Rescue Service HQ

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The Recruitment Process

- Step 1 Complete application form
- Step 2 If shortlisted, and you wish to proceed you will be invited to attend an informal interview.
- Step 3 If successful, you will be asked to provide your bank account details in order for expenses to be reimbursed. You may also, where necessary, be asked to complete a Medical Form. References will be requested and an Enhanced DBS check will be undertaken.

Note: If you are successful at interview stage, you will be required to present all documentation within a period of one month, to include a National Insurance number. Applications awaiting outstanding documents after this time shall not be processed further.

- Step 4 If satisfactory, you will be invited to induction and training.
- Step 5 Upon successful completion of satisfactory checks, induction and training, you will be formally accepted as a Volunteer.*

Guidance note for applicants

The information that you provide will be treated as confidential and will be seen only by those involved in the volunteer recruitment process.

We will advise you of your progress to the next stage as soon as possible and will aim to give you at least one week's notice prior to interview.

We will make any special arrangements needed to enable you to attend.

We will remove all personal information from your application to ensure that those short-listing are not aware of whose application they are assessing.

We will ask you to complete an equal opportunities questionnaire. This information is only used for monitoring purposes.

We will not contact your referees unless you give your permission.

^{*}If your application is not accepted, feedback will be made available.



Application for Volunteer Appointment

Part 1

The information you supply on this form will be treated in confidence	
Volunteer Role/s being applied for: (Please Specify)	
Personal Details	
Last Name	
First Name(s)	
Address	
Postcode Email	
Home telephone Daytime telephone	
Mobile telephone	
Best method and time to contact Phone Email Post Text message Time: AM	PM
National Insurance No.	
Are you able to take up volunteering in the UK with no current immigration restrictions? YES NO	
Next of Kin details	
Last Name	
First Name(s)	
Relationship to	
Applicant	
Address	
Postcode Email	
Home telephone Daytime telephone	
Mobile telephone	
Education, Qualifications and Training (please include accredited and non-accredited co	ourses)
Date Course Qualifications obtained (if applicable)	
Date Course Qualifications obtained (if applicable)	
Date Course Qualifications obtained (if applicable)	
Date Course Qualifications obtained (if applicable)	
Date Course Qualifications obtained (if applicable)	
Date Course Qualifications obtained (if applicable)	
Date Course Qualifications obtained (if applicable)	
Date Course Qualifications obtained (if applicable)	
Date Course Qualifications obtained (if applicable)	

	Cur	rent or m	ost recent emp	loyment/v	voluntary work	
Employer/Voluntary Organisation						
Address						
Postcode						
Dates	From			То		
Brief description of r	nain duties/re	sponsibilitie	es.			
Why are you interes					vledge and Experience	
writy are you interes	tea in voluntee	anng with S	outh wates Fire at	na Rescue s	Service?	
Please detail any exp	perience you h	nave of work	king or volunteerin	g in the cor	mmunity.	
Please list up to 5 sk	tills, knowledg	e or abilities	s you would like to	bring to ou	ır organisation.	
Do you speak anoth		YES	NO			
If yes, please provide	e details					
I						

Heal	th
Do you have any disability or illness which may restrict your ability to carry out the volunteer role or have any special requirements that need to be taken into account?	
We understand that in some cases additional support may be needed to enable a potential volunteer to participate in the selection process. Please let us know if you believe there are any reasonable adjustments that we should be making to enable you to undertake the role or assist with your application.	
Please note volunteers may be required to complete a medical questionnaire to provide more detailed information (where necessary).	

Driving

Do you have access to a vehicle that you would be prepared to use for your voluntary activities?

YES NO

If **YES**, please complete the following:

Do you have a full, current and valid driving licence for the classification of vehicle that you will be using?

YES NO

If **YES**, please state the type of licence:

Vehicle Insurance

Please note that volunteers are responsible for arranging correct insurance cover for the duties you will be carrying out on behalf of SWFRS. Commuting is defined as travelling to and from one place of work so if you travel between various sites you will need to ensure that you have class 1 business cover.

MOT and Road Tax

It is your responsibility to ensure that your vehicle has a current MOT Certificate and valid Road Tax.

Document checks

If successful, you will be required to provide evidence of the above documents as part of the recruitment process. Regular checks will also be made by the organisation. You will not be permitted to drive on SWFRS business until we have received confirmation that you have a valid licence, insurance certificate (including business cover, if appropriate) and MOT certificate.

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Please give the names and addresses of two people who	are willing to provide	le references relating t	o your suitability for
volunteering with SWFRS. Your referees must not be relat	es.		

Reference 1		
Name		
Job Title (if applicable)		
Relationship to you		
Organisation (if applicable)		
Address		
Postcode		
Telephone	Email	
Reference 2		
Name		
Job Title (if applicable)		
Relationship to you		
Organisation (if applicable)		
Address		
Postcode		
Postcode Telephone	Email	

	Declarations						
(Councillor)	ed to any Member or Co-opted Member of the Fire Authority or an employee of the Fire and Rescue Service?						
If yes, please	specify:						
Name							
Position		Relationship					
If appointed, do you have any interests, carry out any work or hold any appointments that may conflict with South Wales Fire and Rescue Authority's employment?		YES NO If yes, please detail on a separate sheet					
	Crimi	inal Convictions					

Have you ever been convicted of any criminal offence (including driving offences) other than those "spent" under the Rehabilitation of Offenders Act 1974?

YES NO

If you answer yes and you are successful, you will be expected to provide the panel with details of the conviction(s) or offences(s) in a sealed envelope marked "Private & Confidential". The envelope will only be opened and considered if the panel agree to appoint you as a volunteer. If you are not selected, the envelope will be securely destroyed.

Failure to disclose any conviction(s) for an exempt post, whether spent or not, may lead to the withdrawal of the offer. To enable you to commence in a volunteer role, an Enhanced Criminal Records Bureau Disclosure will be required, further information will be provided to you if successful.

Data Protection Legislation

Under Data Protection Legislation, South Wales Fire and Rescue Authority reserves the right to collect, store and process personal data about its applicants insofar as it is relevant to your application. This also applies during the period of volunteering and for six years thereafter. This includes processing of sensitive data for the purposes of monitoring the Authority's equality and diversity policy.

Statement to be Signed by the Applicant

The Authority is committed to an anti-fraud culture and participates in statutory anti-fraud initiatives.

I acknowledge that the Authority is under a duty to protect the public funds it administers and to this end I agree that it may use information provided on this form for the prevention and detection of crime and it may share this information with other bodies solely for these purposes.

I have read and, if appointed, I am prepared to accept to conditions set out in the conditions of volunteering. I confirm that to the best of my knowledge, the information given in this application form is true and correct and gives a fair representation of my skills and experience. I understand that giving false or misleading statements or withholding information may result in formal action which may exclude you from volunteering with South Wales Fire and Rescue Service.

I hereby give consent to the collection, storage and processing of my personal data.

Please note: if you are returning this form by email, you will be asked to sign your application at the interview stage.

Signed		Date				
If you are under 18 years of age, we will also need your parent / guardian / carer's signature						
Name	Signature					
Relationship		Date				

Part 2

	Availability							
SWFRS Volunteers will be required to attend induction, training sessions, undertake volunteering events and attend								
supervision meetings	. Please in	dicate be	ow your approxin	nate volunte	ering availab	ility per m	onth:	
4-10 hours	10–15 ho		16-20 hours	20-	25 hours	25	+ hours	
When are you able to	provide th	ese hour	s?					
A couple of hours at a	a time	Morning		Evenir	ngs			
Half a day at a time		AM	PM					
Full Day		Mon	Tue	Wed	Thu	Fri	Sat	Sun
Do you have any preference about the location of your volunteering? Do you need to complete volunteering hours for anything in particular? (e.g. duke of ed, welsh bacc, university course etc?)								
How did you hear abo	out the sch	neme?	Website	College/	University		Voluntary Org	janisation
			Family/Friend		lease state b	olow)	, ,	<u></u>
		-	Tarrilly/Trieria	Other (F	lease state D	elow)		
Have you previously h Crew or participated								

Mae croeso i chi gyfathrebu â ni yn Gymraeg neu Saesneg. Mae ffurflenni cais ar gael yn Gymraeg ac yn Saesneg. Ni fydd ffurflenni cais a gyflwynir yn Gymraeg yn cael eu trin yn llai ffafriol.

You are welcome to communicate with us in either English or Welsh. Application forms are available in both Welsh and English. Application forms submitted in Welsh will not be treated less favourably.

Equalities Monitoring

CONFIDENTIAL

As a Service we appreciate the true value of having a diverse workforce. In order to ensure that our volunteer scheme attracts people from all groups within the community, we would be grateful if you would answer the following questions. This information is confidential and will be used solely for monitoring purposes.

Sex	Female	Male Prefer not to		o answer		
Do you identify as Transgender?		YES	NO		Prefer not to answer	

Ethnic Origin

PLEASE NOTE: Ethnic Origin questions are not about nationality, place of birth or citizenship. They are about colour and broad ethnic group - UK citizens can belong to any of the groups indicated.

Asian or Asian British	Bangladeshi	Multi-Heritage	Black African and White
	Indian		Black Caribbean and White
	Pakastani		Asian and White
	Other Asian	Other Multi-Heritage	
Black or Black British	African	Please specify	
	Caribbean	Chinese	
	Other Black	White	
Other		Prefer not to answer	

Sexual Orientation							
Bisexual Gay			Hete	erosexual	Lesbian		Prefer not to answer
Age							
Under 18	18-20	21-24	25-40	41-59	60-64	65+	Prefer not to answer
Date of Birth							

Religion or Belief				
Buddhist	Christian	Hindu	Jewish	Sikh
Muslim	None	Prefer not to answer	Other (please specify)	

		Are you a Welsh	speaker?		
No	Learner	Intermediate	Fluent	Prefer not to answer	
		Disabili	ty		
Do you consider you	rself to be disabled?			YES NO	

What do we mean by a disability?

The Disability Discrimination Act defines disability as "a physical or mental impairment with long-term, substantial effects on ability to perform day-to-day activities".

Examples of Disabilities

The following list of conditions or impairments is given as a guide only and is not meant to be exclusive. We have provided this list as it may help you to answer the question.

Hearing, Speech or Visual Impairments - If you wear glasses or contact lenses this is not normally considered a disability.

Co-ordination, Dexterity or Mobility – e.g. Polio, spinal cord injury, back problems, repetitive strain injury. **Mental Health –** e.g. Schizophrenia, depression, severe phobias.

Speech Impairment - e.g. Stammering.

Learning Disabilities - e.g. Down's Syndrome.

Other Physical or Medical Conditions - e.g. Diabetes, epilepsy, arthritis, cardiovascular conditions, haemophilia, asthma, cancer, facial disfigurement, sickle cell, dyslexia etc.



Declaration

I confirm that to the best of my knowledge, the information given in this monitoring form is true and correct.

I hereby give consent to the collection, storage and processing of my personal data. If you are returning this form by email, you will be asked to sign your application upon being called for an interview.

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