

OFFICIAL

**SUFFOLK FIRE AND RESCUE SERVICE
COMMUNITY FIRE VOLUNTEER APPLICATION FORM**

Name:	Tel No:
	Mobile No:
Address:	E-Mail:
	Are you over 18: Yes / No (All applicants need to be aged 18 or over)
	Do you hold a current driving licence? YES / NO *delete as appropriate Categories of licence?
Preferred Title: Mr/Mrs/Miss/Ms/Other _____	
Why are you interested in becoming a Community Fire Volunteer (CFV) for Suffolk Fire and Rescue Service (SFRS)?	
How did you learn about volunteering opportunities with SFRS?	
What skills and experiences (paid or voluntary) do you have that may help you in a role as a SFRS Volunteer? For example: good communicator, organisational skills. <i>(Please use a separate sheet of paper if you need more space).</i>	

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Please give the names of two people who would give you a character reference. They should be someone who has known you for more than two years who is not a family member. For example: a close family friend, a current employer or a college tutor.

Name:	Name:
Address:	Address:
Telephone Number:	Telephone Number:
Email:	Email:
Relationship:	Relationship:

If your application is successful, you will be expected to take part in induction training, please indicate by a tick in the box below when you are available to attend induction training.

- Daytime Evening Weekend

Please indicate below the tasks which you would be most interested in carrying out (a full description can be found in the Application Pack)

- Safer Home Visits
 - Admin & IT tasks
 - Driving Vehicles
 - Giving talks to Community groups
 - Delivering leaflets
 - Youth Development
 - Representing SFRS at events
 - Other: please specify.....
-

Please provide details of someone we can contact in case of an emergency

Name:

Contact Number:

I declare that I believe the information given in this application form to be true to the best of my knowledge and I authorise SFRS to undertake Disclosure and Barring (DBS) checks .

Signed.....

Date.....

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SUFFOLK FIRE AND RESCUE SERVICE**

EQUALITY AND DIVERSITY MONITORING DATA: CONFIDENTIAL

Name:

Gender: MALE / FEMALE

EQUAL OPPORTUNITIES

Suffolk Fire Authority has an Equal Opportunities Policy, which covers all areas of employment. Its aim is to ensure that all individuals are treated fairly and in a non-discriminatory manner. The following information is needed to monitor the policy and ensure it is effective.

It will be treated as confidential and used for monitoring purposes only.

Ethnic Origin: I would declare my ethnic origin as:(please tick <u>one</u> of the boxes)	
<p>Asian or Asian British</p> <p>Bangladeshi <input type="checkbox"/></p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Any other Asian background <input type="checkbox"/></p>	<p>Black or Black British</p> <p>African <input type="checkbox"/></p> <p>Caribbean <input type="checkbox"/></p> <p>Any other Black background <input type="checkbox"/></p>
<p>Chinese or Other Background</p> <p>Chinese <input type="checkbox"/></p> <p>Romany Gypsy <input type="checkbox"/></p> <p>Traveller <input type="checkbox"/></p> <p>Other Background <input type="checkbox"/></p>	<p>Mixed</p> <p>White and Asian <input type="checkbox"/></p> <p>White and Black African <input type="checkbox"/></p> <p>White and Black Caribbean <input type="checkbox"/></p> <p>Any other mix <input type="checkbox"/></p>
<p>White</p> <p>British <input type="checkbox"/></p> <p>Irish <input type="checkbox"/></p> <p>Any other White Background <input type="checkbox"/></p>	<p>Prefer not to Say <input type="checkbox"/></p>

Religion, Belief, Faith	
Buddhist	<input type="checkbox"/>
Christian	<input type="checkbox"/>

Sexual Orientation	
Heterosexual	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>

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Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
Other	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Homosexual	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>
Other	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Disability

The Disability Discrimination Act (DDA) defines a disabled person as someone who has a physical or mental impairment that has (or is likely to have) a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

Do you have a disability you wish us to know about? Yes/No
(If yes, please tick impairment(s) below)

Hearing	<input type="checkbox"/>	Mental health	<input type="checkbox"/>
Learning difficulties	<input type="checkbox"/>	Mobility	<input type="checkbox"/>
Long term illness	<input type="checkbox"/>	Visual	<input type="checkbox"/>
Other	<input type="checkbox"/>		

Would you require any additional help in taking part in any of the selection process? Yes/No

If yes, please give details below:

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**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM.
ONCE YOU HAVE COMPLETED THIS FORM PLEASE RETURN IT TO:-**

**Volunteer Co-ordinator (VC)
Suffolk Fire and Rescue Service
Ipswich East Fire Station
17 The Havens
Ransomes Euro Park
Ipswich
IP3 9SJ**

Any Queries Please Contact Tel: 01473 322640