



Application Form

PLEASE NOTE: For the purposes of validating your identification prior to issuing you with an Association ID card, please ensure you send a copy of either your driving licence, passport, birth certificate, or other official document.

Once verified, the document will be destroyed and not maintained. If sending separately, email directly to

Personal Details

Last Name		First Name	
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Address			

Post Code	
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Date of Birth	
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Day Time Tel Number	
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Home Tel Number	
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Mobile Tel Number	
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Email Address	
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Next of Kin

Name			
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Address			
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Tel Number		Relationship	
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Relevant Employment/Voluntary Experience

Voluntary Experience – If you have been employed or have volunteered before in a role you believe would benefit this organisation, please note this below.

Name of Organisation			
Date Joined		Date Left	
Job Role			

Description of Duties & Role

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Training and Qualifications

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Personal Statement

Please explain why you wish to volunteer with the Civil Aid Voluntary Rescue Association.
Please include any skills you believe you can bring to the team to strengthen our skills.
(Max 500 words)

Please continue on a separate sheet if required.

Available Skills

Please indicate which skills you might be interested in or have previous experience.

Headquarters	Interested	Some Experience	Qualified/ Experienced
Admin			
Fundraising			
Finances			
Media and Communication			
Rescue Section			
Land Search and Rescue			
Water Response			
Victim Recovery			
Welfare			
Community Emergency Volunteers			
Emergency Catering Unit			
Companions Unit			
Medical Response			
Logistics			
4x4 Vehicles			
Communication			
Command and Control			
UAV			

Vehicle Details

To gain permission to use your vehicle on CAVRA deployments we require your vehicle details to be able to issue a vehicle permit.
 You will be required to notify your insurance company you are using your vehicle for a voluntary role.

Make		Model	
Vehicle Reg			
No. of Doors			
Driving License Number			
Insurance Company			

Vehicle Equipment

To assist with deploying yourself and your vehicle to a scene please indicate which of the following equipment your vehicle carries.

Equipment	Y / N
Vehicle Winch	
Ground Anchor Kit	
Shackles	
Strops	
Tow Bar	
Fire Extinguisher	
Basic First Aid Kit	
Advanced First Aid Kit	
Search Light	
Beacon Lights	
Basic Tool Kit	

Other Equipment

Rehabilitation of Offenders Act 1974

The post for which you are applying is exempt from the provisions of the Rehabilitation of Offenders Act 1974. It is a condition of employment that all unspent convictions and cautions are disclosed. All successful applicants will be subject to an Enhanced Criminal Records Bureau check.

1. Have you had a DBS/CRB/DSC/PVG/Access NI Vetting check in the past 12 months?

Yes No

2. Have you ever been convicted of a criminal offence, received a formal caution, been bound over or received a conditional discharge?

Yes No

3. Are you aware of any police enquiries undertaken, following allegations made against you, which may have a bearing on your suitability for this post?

Yes No

If yes, to question 1, please give date and other relevant information.

If yes, to either of questions 2 or 3 above, please give details/dates of offence(s) and sentence, (continue on a separate sheet if necessary):

Heath Declaration

I confirm that to the best of my knowledge, there is no reason in respect of my physical or mental health why I should not be able to carry out fully the tasks described within the area of my chosen role. I understand that I will have to be physically capable of the relevant duties involved with that role within CAVRA.

(Please note: The association' policy is for our volunteers to be appropriately fit for their role. Some roles are more demanding than others and we take a common-sense approach to suitability, but this by no means forms a barrier to playing your part. Frontline roles will require physical fitness testing, depending on the role. The association may also suggest alternative roles when appropriate).

Yes No

If 'No', please give details:

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Declaration

Are you related to a member of the Civil Aid Voluntary Rescue Association or a Trustee?

Yes No

If 'yes', please give name: relationship:

I declare that to the best of my knowledge and belief the above information is true.

(Please note: Should any answers to the questions on this application form be found to be false, or should there be any wilful omission, or suppression of any material fact, your application may be disqualified or, if appointed, you will be liable to disciplinary action which may lead to your dismissal).

Please note: If you do not have an electronic signature, the CAVRA will take your emailed application as your agreement to the declaration above.

Signature	Print	Date

Returning of Your Application Form

Email – **administration@cavra.org.uk**

Civil Aid Voluntary Rescue Association undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide us with, or that we obtain from you, in accordance with the requirements of the General Data Protection Regulation 2016.

If you are returning this form by email, you will be asked to sign your application upon meeting with a member of the management team.

If you are successful, you will be required to provide relevant evidence of the above details prior to your appointment.

All appointments are subject to an enhanced DBS checks disclosure and satisfactory reference checks before any candidate is offered a post.

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Media

Civil Aid Voluntary Rescue Association often records online meetings and training for internal purposes only. This is primarily done through video calls and will be made available to members only for reference and to enable people who were unavailable to update themselves.

To this end, it should be assumed that group calls and training will be recorded, but not necessarily kept and used.

Any problems or concerns should be taken up with the management team and appropriate action taken. Photos and film footage taken during training and other activities may be used by the association in their publications, social media sites, websites, and external media (TV, internet, newspapers), etc. Those involved will be informed and given the opportunity to participate or not.

Media Declaration

I confirm, through this declaration, that I have read and understand the use of media by CAVRA, as stated above, and agree to the use of media under the stipulations given.

I am also aware that I may change this agreement at any time by contacting the association secretary.

Please note: If you do not have an electronic signature, will take your emailed application as your agreement to the declaration above.

Signature	Print	Date