



Thank you for your interest in volunteering with the West Somerset Railway Association. Please complete all sections of this universal application form and return it to: The Administrator, West Somerset Railway Association, Bishops Lydeard Station TA4 3BX, or as a scanned email attachment to admin@wsra.org.uk This data will be shared with the WSR PLC in order to facilitate your entry onto their volunteer database for safety and insurance purposes. You will also then be able to volunteer for other departments and organisations of the railway should you so wish.

Section 1 - Personal Information

About you

| | | | | |
|---|------------|-----------|------------|---------------|
| Surname: | | Forename: | | Title |
| Address: | | | | |
| | | | | |
| | | | Post Code: | |
| Phone Numbers: | Primary: | | | Date of Birth |
| | Secondary: | | | / / |
| Email Address: | | | | |
| <i>Email is our preferred method of communication. This MUST be a personal (not business) email address and one that's checked regularly.</i> | | | | |
| Are you - in work / looking for work / retired / economically inactive | | | | |
| What is (was) your trade or profession? | | | | |
| | | | | |

Emergency Contact

| | | | | |
|---|----------|----------------------|--|--|
| Name: | | Relationship to you: | | |
| Telephone Numbers: | Primary: | Secondary: | | |
| <i>I confirm that this person has given permission for their details to be shared and stored on the WSR's digital systems and used as my emergency contact.</i> | | | | |

Criminal Convictions

| | |
|---|--|
| Do you have any unspent criminal convictions? YES / NO | |
| If YES please give some details below. <i>Unspent convictions will not necessarily prevent you from volunteering for the WSR, but they may restrict the roles in which you can work. See our Recruitment of Ex-offenders Policy for more details.</i> | |
| Date of Conviction: | |
| Offence: | |
| Sentence: | |

Section 2 - Volunteer Role, Skills and Experience

Volunteering Role - WSRA

| | | |
|--|----|----|
| I am interest in volunteering in the following teams /roles: | | |
| a) | b) | c) |

Skills and Experience

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|--|
| Please tell us about your professional qualifications, skills and work experience, whether railway related or not. |
| |
| |
| |
| Are you prepared to help us by using these skills on the West Somerset Railway? YES / NO |

Previous Railway Experience

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|--|
| Have you ever worked on any railway, including WSR, in any capacity YES / NO |
| If YES which Heritage Railway or Mainline Railway Company? |
| |
| What was / is your job /role? |
| <i>Please be aware that if you are currently employed by a mainline railway company it is your responsibility to manage the total hours you work both as a volunteer and an employee so as not to exceed the legal limit in any given work period.</i> |

Availability and Commitment

| | | | | | | |
|---|---------|-----------|----------|--------|----------|--------|
| Please be aware that: | | | | | | |
| <ul style="list-style-type: none">❖ The WSR is a working railway and an element of flexibility may be required in some roles❖ Some Volunteer Roles will require you to be able to get to the railway early and/or finish late❖ We like volunteers to help with the additional duties required at our special events | | | | | | |
| We ask volunteers to commit to being with us at least an average of two full days each month. | | | | | | |
| I understand the above statements and am available daily / weekly / monthly on: | | | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |

Section 3 – Medical Information

Your work on the West Somerset Railway (WSR) may, at times, be 'Safety Critical', so it is essential that you inform the Railway of any relevant medical history which could affect your abilities to carry out such duties.

Please answer the following questions to the best of your ability, consulting your own doctor if you are in any doubt at all.

The information you supply will be treated in strictest confidence and will only be made available to the WSR Company Medical Officer at the time of your medical examination (should you require one) and the Head of Department. A copy will be retained in your personnel file. You can add additional information on a separate sheet if necessary.

- 1) Do you suffer from, or have ever suffered from any illness which could affect your ability to carry out duties which can be heavy or tiring at times? **Yes/No***
- 2) Do you suffer from chest pain, wheezing or shortness of breath? **Yes/No***
- 3) Do you suffer from any condition which causes fits or seizures? **Yes/No***

If Yes to any of the above please give brief details:

.....

- 4) Eyesight
 - a) Do you have any defect of your eyesight including Colour Vision Deficiency Yes/No*
(NB: Colour Vision Deficiency is an automatic disqualification for Safety Critical Roles)
 - b) If you have colour vision deficiency, please state the severity.....
.....
 - c) Do you wear prescription glasses? **Yes/No***
- 5) Do you have any hearing problems? **Yes/No***
- 6) Do you suffer from height related illnesses? **Yes/No***
- 7) Do you have any disability or condition which causes you to experience difficulty with
 - a. the understanding or assimilation of information imparted during the course of training or
 - b. communicating and working with colleagues, especially when under pressure? **Yes/No***

Please give details:

.....

.....

8) Do you take prescription drugs? **Yes/No***

If so please give details:

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.....

9) Do you have any other health conditions or concerns we should know about? **Yes/No***

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Section 4 - References and Confirmation

References

| | |
|--|------------|
| Please Supply the name and contact details for 2 referees and the capacity in which they know you. | |
| NAME: | NAME: |
| Address: | Address: |
| | |
| Phone: | Phone: |
| Email: | Email: |
| How Known: | How Known: |

Confirmation and Signature

| | |
|--|--------------|
| In signing and/or submitting this form I understand that: | |
| <ol style="list-style-type: none"> 1. Completion of an application is not a guarantee of an offer of a volunteer role 2. As a volunteer I will receive no payment for the work I do, or any travelling expenses to or from the railway 3. As a volunteer I may be required to wear a uniform or safety clothes / equipment which I will have to provide. 4. If I have given a commitment to attend the railway by allowing myself to be rostered for any duty on any given day, I am expected to attend to fulfil that duty or find a suitable replacement. 5. I confirm that I have the explicit consent of the Emergency contact and two Referees to give their contact details and for them to be held on WSR databases for those purposes. 6. I understand that it is my responsibility to keep my emergency contact and personal details current. | |
| I confirm that I have completed this form myself and that the information given is correct to the best of my knowledge. | |
| Signed: | Date: |

All personal information will only be used to process your application to become a working volunteer on the West Somerset Railway. The Railway complies with all current Data Protection Regulations and Data Protection and Privacy policies are published on our websites

The organisations that comprise the West Somerset Railway have data sharing policies facilitating the sharing of personal data for the purpose of running the railway and managing volunteers and stakeholders. Personal data is NEVER sold or shared outside of the railway or for any other purpose. Please visit the various websites for specific policies and details.

Internal Use only

| Allocated Dept | Name of Team Leader | Date Rec'd | Added to HOPs | Welcome Pack Sent |
|----------------|---------------------|------------|---------------|-------------------|
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