**Volunteer Application Form**

1. Contact Details

Name:

Home Address:

#### Post Code

Phone: (day)      ……………………(eve)     …………………………(mob)

Email:      ………………………………………………………………………………………………….

2. Supporting Statement

Please briefly state your reasons for volunteering:

What do you hope to gain from the experience?

1. Availability

At what times are you interested in volunteering? *(please tick all that apply)*

Flexible  Prefer daytime  Prefer evenings

Prefer weekdays  Prefer weekends  Other

What would be your preferred level of commitment? *(please tick all that apply)*

2 hours a week  4 hours a week  unsure at present

Other (please state)

How long do you anticipate being able to commit to volunteering?

(the minimum requirement is 6 months)

     …………………………………….

6 months  12 months  unsure at present

1. Other information

How did you hear about us? *(please tick all that apply)*

Newspaper Article - *Please state where*      *……………………………………………………...*

Advert - *Please state where*      *…………………………………………………………………...*

Poster/Leaflet - *Please state where*      *…………………………………………………………..*

Other - *Please give details*      *.....................……………………………………………..………..*

#### Do you have any medical condition which might affect your performance to carry out your volunteering role?

Yes  No

If yes, please give details:

### **If you drive and own a car, are you planning to use your car as part of your voluntary work?**

Yes  No  Occasionally

Have you had any previous contact with Rowan Alba Ltd as a member of staff or service user?  Yes  No

If yes, please state in what capacity     *………………………………………………………………*

Do you have any previous criminal convictions or any charges to answer to in court pending?

Yes  No

Criminal Convictions Checks: Rowan Alba Ltd carry out full disclosure and PVG checks for all employees and volunteers.

1. References

## **Please give details of two referees.**

## *References should cover the last two years and if possible, include a recent employer.*

## *Where the applicant has not been in employment, other options for professional references should be considered e.g. college, school, other voluntary placement etc*

## *Please do not include family members or their partners or persons under 18.*

## *We will contact referees at the shortlisting stage unless stated otherwise.*

Name:

**Relation to Referee:**

Job title (if any):

Address:

Post Code:       Phone:

Email:      ……………………………………………………….

Name:

**Relation to Referee:**

Job title (if any):

Address:

Post Code:       Phone:

Email:      …………………………………………………….

Do you consent to referees being contacted at this stage?  Yes  No

By signing this form, I understand and agree that the information given is true to the best of my knowledge. I also understand that deliberate misrepresentation may result in disqualification or termination of any future volunteer arrangement:

Signature:      ……………................................................................. Date:      ………………….

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VOLUNTEER APPLICATION FORM (Equality & Diversity Monitoring)

*Please help us to monitor our Equality and Diversity practice by answering the following questions. You are not obliged to answer any question if you do not wish to, but any information given will help us to ensure we are working within our Equality and Diversity policy guidelines.*

We guarantee that this form will be separated from you application for shortlisting and will be used for Equality and Diversity monitoring ONLY.

GENDER DATE OF BIRTH

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Male |  |  | Date of birth  DD/MM/YY |  |
| Female |  |  | Age |  |

ETHNICITY

|  |  |  |  |
| --- | --- | --- | --- |
| White: British |  | White: Scottish |  |
| White Other (please specify)  …………………………………… |  | Mixed: White/Black Caribbean |  |
| Mixed: White/Black African |  | Mixed: White/Asian |  |
| Mixed: Other (please specify) |  | Asian:Indian |  |
| Asian: Pakistani |  | Asian:Bangladeshi |  |
| Asian: Other |  | Black: Caribbean |  |
| Black: African |  | Black: Other |  |
| Chinese |  | Other (please specify)  …………………………………… |  |

DISABILITY

*Do you consider yourself to have a disability?*

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |