

**Volunteer Application Form**

1. **Contact Details**

**Date:**

**Name:**

**Home Address:**

**Post Code:**

**Phone: (day) eve)** **mob)**

**Email:**

**2.** **Supporting Statement**

**Please briefly state your reasons for volunteering and what you hope to gain from this 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?** (min 6 months)

 [ ]  **6 months** [ ]  **12 months** [ ]  **unsure at present**

1. **Other information**

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

[ ] Window Advertisement

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

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

[ ] Other - *Please give detail .....................……………………………………………..………..*

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

[ ] Yes [ ]  NoIf 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.

**5 Emergency contact: Full Name Phone:**

**Emergency contact Address/ email address**

**6 References**

**Please give details of two referees.**

*References should cover the last two years and if possible from the UK, this can 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 after Induction Training 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:**      ………………….

