RAPP099\_CARDS Volunteer Application Form

Interested in volunteering as: (Tick all that apply)

Community Hospital Link Post Rehab Events

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)*

 1 hour a week 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 4 months)

     …………………………………….

 4 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? Please note that food is stored and prepared on the premises.

 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 unspent criminal conviction information you need to declare or any charges to answer to in court pending?

 **Yes No**

Please note that Enhanced Disclosure Scotland checks will be carried out by Rowan Alba Ltd. Professional register checks may also be undertaken where appropriate.

1. **References**

## *Please give full contact details of two referees. It is advisable that you approach your referees prior to applying, explaining the role and ensuring that they are happy to provide you with a reference. Your progress in the role will be delayed if we cannot obtain two satisfactory references. 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.*

REFEREE 1

Name:

Relation to Referee:

Job title (if any):

Address:

Post Code: Phone:

Email: …………………………………………………….

REFEREE 2

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

1. **Emergency Contact:**

 Full Name:  Phone:

Emergency contact Address / email address:

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:

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 |  |