

VOLUNTEER APPLICATION FORM



equality • choice • control

Name

Address

.....

Telephone Number Mobile

E Mail

Age Range Under 16 17-25 26-59 60+

Why are you applying for voluntary work at this time?

.....
.....
.....
.....

What interests, hobbies, skills or work experience do you feel you can offer as a volunteer?

.....
.....
.....
.....

Please indicate the length of time you would anticipate offering

3 months/ 6 months /12 months/ other (please specify)

.....

How many hours per week would you be available?

.....

Please indicate your general availability.

M T W T F S S

Morning

Afternoon

Evening

Please give the names of 2 people who can be contacted for a reference:
(One should be your current or most recent employer)

First Referee:

Name

Address

.....

Telephone No

.....

How long and in what capacity have you known this person?

.....

.....

.....

Second Referee:

Name

Address

.....

Telephone No

.....

How long and in what capacity have you known this person?

.....

.....

Do you have any unspent criminal convictions? YES / NO

Due to the nature of the voluntary work with Capability Scotland, this voluntary post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974. Applicants are therefore not entitled to withhold information about convictions which for other purposes are spent under the provision of the Act. If you have **any** previous conviction, please give details on a separate sheet. Any information provided will be kept in the strictest confidence.

Other information - you can add here anything else you would like us to know about you.

.....

.....

.....

Applicant's signature Date

Capability Scotland is compiling a database of all the people who volunteer within the organisation. This information will be held and registered under the Data Protection Act 1997. Individual details will not be passed on to any other organisation.

I hereby give permission for my details to be stored in Capability Scotland's database.

NameDate

Equal Opportunities Monitoring Form

Gender : Male Female

Ethnicity : White Black - Caribbean Black - African Black - Other Indian
Pakistani Bangladeshi Chinese Other

Date of Birth : **Age :**

Do you consider yourself to be disabled? YES / NO If yes, please give details

.....
.....

Employment status

.....

Where did you hear about this opportunity?

.....

Please return this completed application form to:

Suzanne O'Hara
Volunteer Manager
18 East Thornlea Street
Wishaw
ML28BB