** **

**VOLUNTEER APPLICATION FORM**

**Position Applied for:**

|  |
| --- |
| **PERSONAL INFORMATION** |
| SURNAME: |       | FIRST NAME(S): |       |
| ADDRESS: |       |
|  |
| TOWN: |       | POSTCODE: |       |
| EMAIL: |       | DATE OF BIRTH: |       |
| TELEPHONE NUMBER (DAY): |       | TELEPHONE NUMBER(EVENING): |       |
|  |
| **QUALIFICATIONS** |
| QUALIFICATION | INSTITUTE | GRADE | DATE |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

|  |
| --- |
| **EXPERIENCES, SKILLS AND HOBBIES** |
| PLEASE STATE PREVIOUS/CURRENT WORK OR VOLUNTARY EXPEREINCE: |
|       |
| DO YOU HAVE ANY SKILLS THAT COULD BE USED IN OTHER VOLUNTARY ROLES EG, LANGUAGES, COMPUTER LITERACY ETC? |
|       |
| WHAT HAVE YOU MOST ENJOYED ABOUT YOUR PREVIOUS VOLUNTARY WORK, STUDIES OR EMPLOYMENT? |
|            |
| WHAT ARE YOUR INTERESTS OR HOBBIES? |
|       |

|  |
| --- |
| **PREFERENCES** |
| WHAT VOLUNTARY WORK ARE YOU INTERESTED IN? |
| ADMINISTRATION: | [ ]  | CLERICAL: | [ ]  | FUNDRAISING | **[ ]**  |
| CLIMATE CHANGEENERGY EFFIEICNEY RELATED PROJECT | [ ]  | COMMUNITY GROUPS: | [ ]  | RESEARCH | **[ ]**  |
| LAW/CASEWORK: | [ ]  | SOCIAL EVENTS: | [ ]  | SUPPORT GROUPS: | **[ ]**  |
| YOUTH GROUPS: | [ ]  | EQUALITY ENGAGEMENT: | [ ]  | GRAPHIC DESIGN: | **[ ]**  |
| HERRITAGE WORK: [ ]  OTHER – PLEASE SPECIFY: | **[ ]**  |

|  |
| --- |
| **FURTHER INFORMATION** |
| PLEASE SAY IN A FEW WORDS WHY YOU WOULD LIKE TO BE A VOLUNTEER. WHAT WOULD YOU LIKE TO GET OUT OF YOUR VOLUNTARY WORK? |
|            |
| IS THERE ANYTHING IN YOUR HEALTH, EITHER NOW OR IN THE PAST, WHICH YOU FEEL WE SHOULD BE AWARE OF? DO YOU HAVE ANY OTHER SPECIAL NEEDS EG, WHEELCHAIR ACCESS, †-LOOP, MATERIAL IN LARGE PRINT OR TAPE? |
|       |
| HOW DID YOU HEAR ABOUT VOLUNTEERING WITH ELREC? |
| VOLUNTEER CENTRE: | **[ ]**  |  PREVIOUS KNOWLEDGE: | [ ]  | WORD OF MOUTH: | **[ ]**  |
|  OTHER – PLEASE SPECIFY: | **[ ]**  |
| IF YOU KNOW ANY FOREIGN LANGUAGES WOULD YOU BE WILLING TO TRANSLATE FOR OUR CLIENTS IF THE NEED ARISES? |
|

|  |  |  |  |
| --- | --- | --- | --- |
| YES | **[ ]**  | NO | [ ]  |

 |
| THE REHABILITATION OF OFFENDERS ACT 1974 – UNDER THE REHABILITATION OF OFFENDERS ACT 1974 YOU ARE NOT ENTITLED TO WITHHOLD INFORMATION ABOUT CRIMINAL CONVICTIONS WHICH ARE “SPENT” UNDER THE SAID ACT. HOWEVER, DEPENDING ON THE NATURE OF THE OFFENCE, THIS MAY NOT NECESSARILY PREVENT YOU UNDERTAKING CERTAIN VOLUNTARY ACTIVITIES. PLEASE PROVIDE DETAILS OF ANY CRIMINAL CONVICTIONS AGAINST YOU: |
|       |

|  |
| --- |
| **REFERENCES**PLEASE PROVIDE DETAILS OF TWO PEOPLE (NOT RELATIVES) WHO ARE WILLING TO ACT AS REFEREES. THEY SHOULD HAVE KNOWN YOU FOR AT LEAST THREE YEARS |
|  | REFERENCE 1 | REFERENCE 2 |
| NAME |       |       |
| DESIGNATION |       |       |
| ORGANISATION |       |       |
| ADDRESS |       |       |
| TOWN |       |       |
| POSTCODE |       |       |
| TELEPHONE NUMBER |       |       |
| EMAIL ADDRESS |       |       |

|  |  |
| --- | --- |
| NAME: |       |
| SIGNATURE: |       |
| DATE: |       |

[PLEASE NOTE THAT ALL VOLUNTEER INFORMATION IS KEPT CONFIDENTIAL]