**CONFIDENTIAL**

**Volunteer Application Form**

PERSONAL

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | Telephone No: | |  |
| Address: |  | | | | | |
| Date of  Birth: |  | Place of  Birth: |  | | Nationality: |  |

EMPLOYMENT/VOLUNTARY WORK (Present/Previous)

|  |  |
| --- | --- |
| Name and Address of Employer(s)/Voluntary  Agency? | Your Job Titles(s): |
|  |  |

Availability

|  |  |  |
| --- | --- | --- |
| Monday | AM: | PM: |
| Tuesday | AM: | PM: |
| Wednesday | AM: | PM: |
| Thursday | AM: | PM: |
| Friday | AM: | PM: |

What is the minimum time you could offer to KirrieConnections as a volunteer on a regular weekly basis? ……………………………. hours

Have you any hobbies, skills or personal experiences which may be relevant to your work as a volunteer for KirrieConnections?

|  |
| --- |
|  |

Why would you like to become a volunteer for KirrieConnections?

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| --- |
|  |

Please tell us about your experience?

|  |
| --- |
|  |

REFERENCES Please give the names and addresses of two referees (not a relative) who may be contacted by us

REFEREE 1 REFEREE 2

Name: Name:

Address: Address:

Tel No: Tel No:

Relationship: Relationship:

|  |
| --- |
| For monitoring purposes, can you please tell us where you heard about Kirrieconnections, ie newspaper, poster, VAA etc. |

Is there any other information you would like to add?

|  |
| --- |
|  |

CRIMINAL RECORD

As volunteers are in a privileged position and may come into contact with vulnerable people KirrieConnections has responsibility to ensure that no-one becomes a volunteer who would misuse this trust. Therefore it is essential that you answer the following questions and sign the statement at the bottom of this page.

Do you have any medical condition (physical or mental)

that could affect your work as a volunteer? YES/NO

Have you ever been dismissed from any paid

or voluntary work? YES/NO

Have you ever been convicted of any criminal offence? YES/NO

Are there any matters, which may lead to a

criminal prosecution? YES/NO

If you have answered yes to any of these questions, please give details below or if you prefer please give details in a sealed envelope: ………………………………….…………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………..…………………………………………………………………………………….…………………………..…………………………………………………………………………………………………………………….

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The information given in this application is accurate to the best of my knowledge.

Signed ………………………………………………………….. Date ……………………………………..

Name (block caps) …………………………………………………………………………………………..