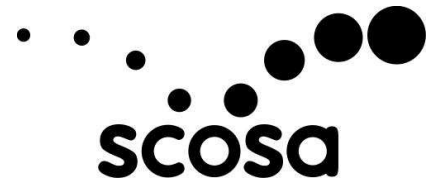


# Volunteer Application

## WPD06.4



**ALL INFORMATION ON THIS FORM IS TREATED AS CONFIDENTIAL.**

This application form must be completed as accurately as possible. It is essential for the processing of your application for volunteering that all questions are answered.

Each applicant must realise that no guarantee of acceptance is given by the completion of this form.

Family Name:

Given Name (s):

Residential Address:

Post Code:

Postal Address (if different from Above):

Post Code:

Telephone:

Home:

Work:

Mobile:

What days are you available to volunteer?

Mon

Tue

Wed

Thu

Fri

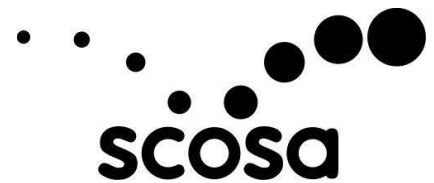
How many hours a week do you prefer?

Do you have a physical disability or medical condition or any other condition which may affect your ability to perform tasks required of you?.

What are your interests and hobbies?

# Volunteer Application

## WPD06.4



Do you speak / read / write any language other than English? (Please specify)

Do you hold a current Driver's Licence?

 Yes

 No

If Yes, what is your Driver's Licence number & Expiry date?

Do you have a current First Aid certificate?

 Yes

 No

Do you have a Manual Handling Certificate?

 Yes

 No

Given the particular nature of work within **scosa**, applicants will only be considered after a satisfactory police report has been received.

Do you agree to complete authority for release of information

 Yes

 No

Are you currently employed:

 Yes

 No

If yes:

 Full time

 Part Time

 Home Duties

 Student

 Pensioner

 Retired

 Other

Please tick activities that interest you.

 Driving

 Art & Craft

 Drama

 Cooking

 Swimming

 Music

 Gardening

 Computer

 Administration

 Research

 Fundraising

 Events

Name, address and day time telephone contact of two references who can provide confidential information regarding previous employment/volunteer duties.

Name:

Organisation:

Contact Number:

Name:

Organisation:

Contact Number:

I, the undersigned authorise **scosa** to contact the above referees to collect personal information relevant to this application concerning my academic background and employment/ volunteering history and to verify any character references I have supplied. I understand the information obtained will be kept confidential. I verify the information contained on this form to be correct.

Signed:

Date: