**Volunteer Application Form**

|  |  |
| --- | --- |
| **Volunteering role applied for:** |  |

**Data Protection**

The information provided by you on this form will be used to assist with the process of recruitment. Additionally, the data provided may be processed by Cyrenians for the purposes of equality monitoring and compiling statistics. We keep completed application forms for 12 months if unsuccessful, after which all information and correspondence will be deleted. If you are successful in your application, information provided may be transferred to your employee records.

**Criminal convictions**

Having a criminal record should not prevent you from volunteering with Cyrenians. However, some convictions and circumstances surrounding convictions may need to be discussed further with you. Therefore, it is very helpful to us if you declare any unspent convictions you have, to enable us to take them into consideration.

[ ]  Please tick this box if you **have** unspent convictions

**Declaration**

I declare that the information given in this form application is true and I understand that false or misleading information will lead to my exclusion from the selection process and may lead to dismissal in the event of appointment.

By singing the declaration below you consent to Cyrenians processing your data in the way described above.

I understand that the post for which I am applying may be subject to satisfactory Disclosure checks.

I understand that successful candidates will be expected to provide proof of their eligibility to work in the UK.

Signed: Date:

|  |  |
| --- | --- |
| Name |  |
| Pronouns  |  [ ]  She / Her / Hers | [ ]  He / Him / His |
|  [ ]  They / Them / Theirs  | Other:  |
| Are you over 18?  |   |
| Address |  |
| Phone Number |  |
| Email address |  |

**About you**

**Your motivation**

|  |
| --- |
| What are you hoping to gain through volunteering with us? |

**Your experience**

|  |
| --- |
| Please tell us about any relevant experience (work or otherwise). |

|  |
| --- |
| Please tell us about any relevant qualifications or training |

**Your availability**

|  |
| --- |
| If successful, when would you be able to start? |

|  |
| --- |
| How many hours per week would you like to volunteer? |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Morning | Afternoon | Evening |
| Monday |[ ] [ ] [ ]
| Tuesday |[ ] [ ] [ ]
| Wednesday |[ ] [ ] [ ]
| Thursday |[ ] [ ] [ ]
| Friday |[ ] [ ] [ ]
| Saturday |[ ] [ ] [ ]
| Sunday |[ ] [ ] [ ]

**References**

Please supply details of two references, preferably people who have known you for over 2 years and are not family.

We do not collect references until you've met one of the staff team and it is agreed that your volunteering is going ahead. If you do not have references at this point, please leave blank.

|  |
| --- |
| **Reference 1** |
| Name |  |
| Organisation |  |
| In what capacity do you know this person? |  |
| Contact email address |  |
| Alternative contact details (if email unavailable) |  |

|  |
| --- |
| **Reference 2** |
| Name |  |
| Organisation |  |
| In what capacity do you know this person? |  |
| Contact email address |  |
| Alternative contact details (if email unavailable) |  |

If you have any problems with completing this form, or any queries we may help with, please email volunteering@cyrenians.scot.