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| Cyrenians CommunitiesPeer Mentor Volunteer Application |  |

[ ]  I confirm I have read and understand the role description and ideal qualities of a residential peer mentor volunteer

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| Basic Information About You |
| First Name(s) |  | Last Name |  | Date of birth  |  dd/mm/yyyy |
| Address |  |
| Country |  | Telephone (include country and area code) |  |
| Mobile/Cell Phone (include country code) |  | E-mail Address |  |
| For visa purposes, which countries do you hold citizenship or a passport for? |  |
| IF YOU ARE APPLYING FROM OUTSIDE THE EUROPEAN UNION, YOU WILL NEED A VISA TO VOLUNTEER WITH US. Please email annamuir@cyrenians.scot for further information before completing this application form. |
| Education |
| Tell us about your qualification and education (training courses, qualifications gained, etc.)… |
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| Tell us about work experience you have, either in the social care field or other temporary, part-time or permanent jobs… |
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| Tell us about any volunteering you have done… |
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| Tell us about your hobbies and interests… |
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| 1. **WORKING WITH THE CYRENIANS**
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| What has led you to deciding you would like to volunteer to work with young people who have experienced homelessness? |
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| What personal skills and attributes do you think you have to offer the Cyrenians’ Communities? |
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| Volunteering with the Communities is a minimum six month commitment – what do you want to get out of this time with and where do you think it will take you once you have finished? |
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| 1. **YOUR HEALTH**
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| Please tell us about your health (physical, mental health or any disabilities you have) and how this might affect your ability to undertake the role as described. This can help us work out whether there practical ways we can facilitate your needs. |
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| 1. **PRACTICAL INFORMATION**
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| How long would you like to volunteer with us?  |
| 6 months [ ]  7 months [ ]  8 months [ ]  9 months [ ]  |
| When is the earliest you could start?  |  dd/mm/yy | When is the latest you could finish?  |  dd/mm/yy |
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| References |
| Before you volunteer with us, we will take up references. Please provide us with two referees who should have known you for at least two years, and are **not** family members or a personal friend. Acceptable references are Teacher, Employer, Lecturer etc. (If you are struggling to find a referee who can complete the form in English, please let us know by emailing the address below and we will do what we can to help.) |
| 1. Full Name |  | Relationship to you: |  |
| Email |  | Phone (including country code) |  |
| Address |  |
| 2. Full Name |  | Relationship to you: |  |
| Email |  | Phone (including country code) |  |
| Address |  |
|  |
| 1. **DECLARATION**
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| I declare that all 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 or dismissal in the event of my appointment. |
| **Signed** |  | **Date** |  |
| (If you are completing this form electronically, please just type your name)Please email your completed form to: **annamuir@cyrenians.scot** |
| 1. **EQUAL OPPORTUNITIES MONITORING**
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| It would help us greatly if you could please complete the equal opportunities monitoring form here: <https://cyrenians.scot/equal-opps-test-form/> All responses are confidential and not linked to your application. |