

Volunteer Application Form

This information you provide in this document will be used as part of our assessment of you, your experience and skills. It will also assist in the allocation of a suitable volunteering role. Its contents will be held in strict confidence. Please assist us by providing as much detail as possible.

Surname		First Name(s)		Application Date
Address				
Post Code				
Home Tel <input type="checkbox"/>		Mob <input type="checkbox"/>		
Work Tel <input type="checkbox"/>		Email: <input type="checkbox"/>		

Please tick preferred contact detail

Availability

Please tell us about when you might be available for volunteering

	Morning	Afternoon
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>

Why do you want to volunteer with GAMH?

Important Notice

As this project places volunteers with vulnerable adults, we are required to initiate a check of all applicants through PVG Scotland. To do this we will need to see three forms of identification, 1 photographic where possible, and a list of your addresses for the last five years. A member of staff will provide you with more detail on how to complete the PVG form with you.

References

Please provide the names, addresses and **emails** of two people who can provide us with a reference on your behalf. If possible, one of these should include a present, or previous employer or supervisor (paid or unpaid), the other can be a personal friend or acquaintance. If in higher education we would ask for a reference from your tutor

Referee's name		Referee's name	
Relationship to applicant:		Relationship to applicant:	
Address:		Address:	
Postcode:		Postcode:	
Tel:		Tel:	
Email:		Email:	

Experience in mental health

What has been the nature of your contact, if any with people who experience mental health problems?

About You

What are your interests / hobbies, how do you spend your free time?

Skills and experience

Please tell us about your employment and education experience starting with your current position. Include achievements / Qualifications, voluntary work and reasons for any apparent gaps.

Employer / Agency Education Centre	Role / Title / Activities/ Responsibilities	Paid / Vol	From / to (year)

Please continue on additional sheet if necessary

How would you describe yourself?

IMPORTANT NOTICE

– PLEASE BE SURE YOU UNDERSTAND THE FOLLOWING STATEMENTS

- I am aware that I will be expected to make commitment of at least six months from the time I am placed. I have considered this and I am prepared to make such a commitment.
- I agree to above information being kept (securely and in strict confidence within the requirements of the Data Protection Act 1998).
- I declare that, to the best of my knowledge, the information I have given is correct, true and complete. (Any false information will disqualify your application to become a GAMH volunteer.)

Signed: _____ Date: _____

Thank you for completing this form

Please return this form to: Corinne Baxter, Pavillion 3A, Moorpark Court,
11 Dava Street, Govan, G51 2JA
Email: c.baxter@gamh.org.uk