

Volunteer Application Document

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
Date of Birth		
Address		
Post Code		
Home Tel	Mob	
Work Tel	Email:	

Availability

Please tell us about when you might be available for volunteering and what other commitments you have. (please tick boxes)

	Morning	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Interested In (tick)	
Befriending	
Group Activity	
Both	

Any other comments e.g. how often – weekly, fortnightly, any other commitments you have:

How did you hear of this volunteering opportunity?

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

Which of these interests or hobbies would you or could you share with a service user?

How would you describe yourself?

Health

GAMH aims to look after the interests of all its volunteers. It helps us to know of any health conditions that you have to ensure we involve you appropriately. Please detail below, if you have any physical or mental health conditions which should be considered.

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: Volunteer Coordinator, GAMH, Pavillion 3A,
Moorpark Court, 11 Dava Street, G51 2JA**

CRIMINAL CONVICTIONS – DECLARATION FORM

Private & Confidential

The post you have applied for is exempt from the Rehabilitation of Offenders Act 1974 by the (Exceptions) order 1975.

Should you be selected for an interview you are required to disclose all convictions (**spent or unspent**). You are also required to declare if you are at present the subject of criminal charges.

Please give details regarding convictions under the heading in **Section 1**. If you have no convictions, please go to **Section 2** and sign the declaration form.

Should you be appointed for the position applied for you will also be required to provide an enhanced disclosure under the terms of the Police Act 1997 (Part v).

Section 1

- a) Please give the date and details of the conviction(s) that you were charged with, the sentence that you received and the court where your conviction(s) was heard.
- b) Please give details of the reasons and circumstances that lead to your offence(s).
- c) Please give details of how you completed the sentence imposed for example, did you pay your fine as required, what conditions were attached to you probation/community service/supervised attendance order, did you comply with the requirements of your order/custodial sentence.
- d) Has any other organisation(s) supported you to work through any of the above issues?
- e) What have you learned from the experience?
- f) ARE YOU AT PRESENT THE SUBJECT OF CRIMINAL CHARGES? YES
NO

Section 2

Declaration (I certify that all information contained in this form is true and correct to the best of my knowledge and realise that false information or omissions may lead to dismissal).

Signature _____ Date _____

Note: The information given in this form will be treated in the strictest confidence. Please seal this form in the addressed envelope provided and return prior to your interview.

Private & Confidential

EQUAL OPPORTUNITY AND DISABILITY

The Association aims to be an equal opportunities employer. Everyone who is eligible to join the staff of the Association whatever their sex, marital status, sexual orientation, religious belief, race, colour or ethnic origin will receive equal treatment when applying for jobs. The Association also aims to extend equality of opportunity to disabled applicants.

We want to find out if this policy is working and to take steps to ensure further progress is made to achieving equal opportunities. To do this we need to know about the possible special needs of people who apply to us as volunteers. We are therefore asking you to complete the following questionnaire. Your answers will be treated confidentially and will not affect your application in any way.

Please return your completed questionnaire with your application.

Please make sure that you read all the categories and then tick the box that applies to you.

	Yes	No
1. I am registered as a disabled person	<input type="checkbox"/>	<input type="checkbox"/>
2. I have mobility problems	<input type="checkbox"/>	<input type="checkbox"/>
3. I need wheel chair access	<input type="checkbox"/>	<input type="checkbox"/>
4. I am a user of psychiatric services	<input type="checkbox"/>	<input type="checkbox"/>
5. I have hearing difficulties	<input type="checkbox"/>	<input type="checkbox"/>
6. I am partially sighted	<input type="checkbox"/>	<input type="checkbox"/>
7. I have other health problems which I may need specific assistance from my employer	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered yes to any of the above and wish to give more details, please do so below

Private & Confidential

ETHNIC MONITORING QUESTIONNAIRE

GAMH aims to be an equal opportunities employer. Everyone who is eligible to join the staff of the Association whatever their sex, marital status, sexual orientation, race, colour, ethnic or national origin will receive equal treatment when applying for jobs.

We want to find out whether this policy is working and to take steps to ensure further progress is made to achieving equal opportunities. To do this we need to know about the race or ethnic origin of people who apply to us for jobs. We are therefore asking you to complete the following questionnaire. Your answers will be treated confidentially and will not affect your job application in any way.

Please return your completed questionnaire with your application form.

Please make sure that you read all the categories and then tick the box that applies to you.

		Yes	No
1.	I am white	<input type="checkbox"/>	<input type="checkbox"/>
2.	I am Asian	<input type="checkbox"/>	<input type="checkbox"/>
	a. of Indian origin	<input type="checkbox"/>	<input type="checkbox"/>
	b. of Pakistan origin	<input type="checkbox"/>	<input type="checkbox"/>
	c. of Bangladeshi origin	<input type="checkbox"/>	<input type="checkbox"/>
	d. of East African origin	<input type="checkbox"/>	<input type="checkbox"/>
	e. of Chinese origin	<input type="checkbox"/>	<input type="checkbox"/>
	f. other origin	<input type="checkbox"/>	<input type="checkbox"/>
3.	I am black	<input type="checkbox"/>	<input type="checkbox"/>
	a. of Caribbean origin	<input type="checkbox"/>	<input type="checkbox"/>
	b. of African origin	<input type="checkbox"/>	<input type="checkbox"/>
	c. of other origin	<input type="checkbox"/>	<input type="checkbox"/>
4.	I belong to some other group or groups	<input type="checkbox"/>	<input type="checkbox"/>
5.	Sex	Male	Female
		<input type="checkbox"/>	<input type="checkbox"/>
6.	Age	<input type="checkbox"/>	<input type="checkbox"/>

Please state your age in years in the box provided.