Volunteer Application Form

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| **Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone No:**  |  | **Mobile No:**  |  |
| **Email Address:**  |  |
| **Date of Birth:** |  | *This information helps FACT with Funding Applications & Project Reviews.* |
| **Nationality:** |  |
| **Ethnicity:** |  |

*If you are not sure about your Ethnicity, please speak to the Volunteer Coordinator.*

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| **Next of Kin:** |  | **Relationship:** |  |
| **Contact No. in case of Emergency:** |  |

*If you are not sure about the Next of Kin information, please speak to the Volunteer Coordinator.*

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| --- | --- |
| Status: *please indicate* | Retired Full-Time Work Part-Time Work Job Seeker  in Education Carer Other *please specify*: |
| Do you have any support or health needs that we may need to know about? |  |
| Volunteer Interest: | Admin/General Duties Befriending Events Forres Online  Youth Work Board Member Other: *please specify* |

 *For Office Use Only Date Received: Assigned Staff Member:*

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| **What would you like to gain from volunteering with FACT?** |
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| **Please tell us about any experience you have which may help you in your volunteering with FACT.**  |
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| Your Availability (if known) *please indicate* |
| Monday  | Morning |  | Afternoon |  | Evening |  |
| Tuesday | Morning |  | Afternoon |  | Evening |  |
| Wednesday | Morning |  | Afternoon |  | Evening |  |
| Thursday | Morning |  | Afternoon |  | Evening |  |
| Friday | Morning |  | Afternoon |  | Evening |  |
| Saturday | Morning |  | Afternoon |  | Evening |  |

**Other Information about your availability:** *please specify (e.g. only available for Events)*

**References**Please give the details of two Referees who know you well. This may be a previous or current employer, neighbour, head teacher or from a previous volunteering project.

**Please note that a Referee should not be a relative.**

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| --- | --- | --- | --- |
| **Name** | **Relationship to Referee** | **Address** | **Email Address &/or****Telephone No.**  |
|  |  |  |  |
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**Confidentiality**

As part of the Volunteer Support and Management process, FACT staff may discuss your progress or other ways to support you. We may also speak to third parties about your progress or to offer further support if needed and appropriate (e.g. we may talk to a DWP Support Advisor if you are a Job Seeker or to our Partner Organisations re. other Volunteering Opportunities). This will be treated in the strictest of confidence. Please tick or highlight here and sign if you agree with this:

❑ Sign:

**General Data Protection Regulations [GDPR]**

FACT keep your personal data for no longer than reasonably necessary but it may be kept for a period of up to 6 years in order to comply with our Constitution and Funding obligations. The information we ask for is to help us carry out the administration of your role which includes keeping in contact with you regarding all aspects of your volunteering. This will include contacting you about opportunities and contacting you about the work we carry out. Please tick or highlight here and sign if you agree with this:

❑ Sign:

**Photo Consent**

I hereby give permission for photographs or film to be taken of me whilst volunteering with FACT and authorise these to be used on promotional material, social media and on the FACT website if required.

Please tick here or highlight here and sign if you are happy to have your photograph taken and shared:

❑ Sign:

**PVG Requirements**

The Protection of Vulnerable Groups Scheme through Disclosure Scotland is developed to ensure those working with vulnerable adults and young people are suitable. **Roles specifically defined as ‘regulated work’ will require the Volunteer to complete a PVG Application Form and to have relevant checks carried out. This can include checks with Agencies and Police Forces in other countries.**

Where a Volunteer Role is not defined as ‘regulated work’ there will be no requirement to complete the PVG Form. Having a Criminal Record may not exclude you from Volunteering.

All Volunteers who have not completed the PVG Form will be expected to complete a Self-Declaration Form.

Please tick or highlight here and sign if you agree with this

❑ Sign:

As part of your Induction we will go through the Policies and Guidelines that FACT follow and adhere to.

 If there is anything in this Application Form that you do not understand, or would like further information on, please do not hesitate to ask.

**Volunteer Agreement**

**Please sign to confirm that the details contained in this Form are accurate and correct to the best of your knowledge.**

|  |  |
| --- | --- |
| *Volunteer Signature* | *Date* |

*For Office Use Only re. PVG Scheme (if applicable):*

*PVG Application Sent: / / PVG Certificate Received: / /*

*Approve / Not Approved / Query Letter To Volunteer: / /*

*Notes:*