Queensferry Churches’ Care in the Community

Supporting People in Queensferry, Dalmeny, Kirkliston and Ratho

**VOLUNTEER APPLICATION FORM**

**POSITION APPLYING FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­**

**Volunteer within Day care including Reception** –please indicate your availability

e.g. Mon 10.00am – 12.00 noon

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

**Volunteer Befriender –** please indicate your availability e.g Thurs. 6.00pm – 7.00pm

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  |  |  |  |  |  |  |

**OTHER** e.g fundraising, escort for outings, sharing a skill or interest.

|  |
| --- |
| I am interested in offering the following |

**Personal Details**

|  |
| --- |
| Name: |
| Address |
| Telephone Number: Mobile Number |
| Email Address: |
| Do you hold a current driving licence? |
| Next of Kin/Emergency Contact:  Name:  Address:  Phone Number : Mobile:  Relationship |
| Where did you hear about our organisation and why did you decide to volunteer |
| Your interests and Hobbies |
| List any skills / experience you have that may be useful |
| Describe briefly any contact that you have had with older people |
| Do you have any health problems that we should be aware of? |

*As you will be working with a vulnerable group, we are required to obtain references for all volunteers. One reference should be from a previous employer or a professional person, for example Minister, Doctor, Teacher. A relative will not be accepted as a referee. In addition, we are required by legislation to obtain a disclosure check for all prospective volunteers and you will be asked to join the PVG (Protecting Vulnerable Groups) scheme.*

**Name and Address of Referees**

|  |  |
| --- | --- |
| **Name**  **Address**  **Relationship**  **To Referee** | **Name**  **Address**  **Relationship**  **To Referee** |

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return this application form to:**

**Lorna Russell, QCCC, The Haven, 25b Burgess Road, South Queensferry, EH30 9JA**

**Email:** [**lorna.russell@qccc.org.uk**](mailto:lorna.russell@qccc.org.uk) **Telephone 0131 331 5570**

**Scottish Charity Number SC021833**

##### Data Protection Act 1998

The personal information that we request above will be held by us under the security laid down in the Data Protection Act 1998. It will be uses by us only to enable us to provide a service to the client. Some of this data may be passed on to other statutory or voluntary agencies as required to help us provide that service. No data will be passed to any third party for any other purpose.