

Volunteer application form	
Position Applying For	
Volunteer within The Haven including reception	
Please indicate your availability Mon to Fri e.g. Mon 10am-1pm	
Volunteer Befriender	
Please indicate your availability Mon to Fri e.g. Thurs 6pm-7pm	
Other e.g. fundraising, escort for outings, sharing a skill or interest	
Please indicate your interest	
Personal details	
Name	
Address	
Telephone Number	
Mobile Number	
Email Address	
Do you hold a current driving licence?	
Next of Kin/Emergency contact	
Name	
Address	
Telephone Number	
Mobile Number	
Relatationship	
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?	
volunteers. One reference should be fi example Minister, Doctor, Teacher. A r	e group, we are required to obtain references for all rom a previous employer or a professional person, for elative will not be accepted as a referee. In addition, n a disclosure check for all prospective volunteers and ecting Vulnerable Groups) scheme.
Name and address of referees	
Name	
Address	
Relationship to referee	
Name	
Address	
Relationship to referee	

Please return completed application form to:-

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

Or email lorna.russell@qccc.org.uk

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.