



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

Date and month of birth

Do you hold a current driving licence?

Next of Kin/Emergency contact

Name

Address

Telephone Number

Mobile Number

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?	
<i>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.</i>	
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 used 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.