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|  | **Volunteer Application Form** |

The information recorded in this form will be stored on our secure database. It will only be accessed by authorised staff for the purposes of identifying a suitable volunteering role for you, supporting you in your volunteering role or reporting anonymised data to our funders.

If you have any questions or concerns about the information we are asking for, or how we use it, please call us on 0131 665 0135 to speak to our Volunteer Coordinator.

When completed, please return this form to:

* [centre@coel.org.uk](mailto:centre@coel.org.uk); or
* Carers of East Lothian (CoEL), East Lothian Community Hospital, Alderston Road, Haddington, EH41 3PF

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| **Basic Details** | |
| *This is the information we need to keep in touch with you.* | |
| Full Name |  |
| Address |  |
| Postcode |  |
| Phone |  |
| Email |  |

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| **Your Volunteering Role** | |
| *This is to help us make sure your time spent volunteering with us is a pleasant one and to make sure you find it as fulfilling as possible.* | |
| Role Applied For | *What is the name of the volunteer role you are applying for?* |
| Reasons for Volunteering | *Why would you like to volunteer with us? What would you like to get out of your volunteering role?* |
| Skills & Experiences | *What skills and experiences do you have to offer? (e.g. from being a carer, from employment or training, from previous volunteering)* |
| Health Conditions | *If you have any health conditions you would like us to be aware of, please describe them here:* |
| Additional Support Needs | *What support might you need to enable you to volunteer with us?* |
| Referral Route | *How did you hear about this volunteering opportunity?* |

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| **Emergency Contact** | |
| *This information will only be used in the event of an emergency to notify your chosen contact. Please indicate which (if any) of the numbers provided is preferred.* | |
| Full Name |  |
| Relationship |  |
| Home Phone |  |
| Work Phone |  |
| Mobile Phone |  |

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| **References** | |
| *Before we engage volunteers, it is our policy to seek two references. Your referees should know you well enough to be able to vouch for your character but they should not be related to you. If you are having difficulty identifying possible referees, please call us on 0131 665 0135 to speak to our Volunteer Coordinator.* | |
| **Referee #1** | |
| Name |  |
| Phone |  |
| Email |  |
| Capacity in which they know you |  |
| **Referee #2** | |
| Name |  |
| Phone |  |
| Email |  |
| Capacity in which they know you |  |

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| **Self-Disclosure** | |
| *Please complete this self-disclosure form, detailing any unspent convictions you may have. All information given here will be kept in your personal file, which can only be accessed by authorised staff. Disclosing a conviction or caution will not automatically exclude you from volunteering. Rather, it will enable us to have a discussion with you to decide if the specific role you have applied for is appropriate for you.*  *Under the terms of the Rehabilitation of Offenders Act 1974 you are entitled to withhold information about any convictions against you which are now '‘spent'’.*  *Please ask us if you need any help completing this section of the form and we will be happy to assist you.*  *All volunteers will also be asked to complete a basic disclosure check as part of the application process to confirm they have completed this section of the form accurately.* | |
| Details of Convictions | Date of Occurrence |
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| Details of Pending Convictions | |
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| **Declaration & Agreement** | | | |
| *I declare that, to the best of my knowledge, the above information is correct. I understand that if I take up a volunteer opportunity and it is found that I have deliberately given false information or withheld relevant information then the opportunity may be withdrawn.*  *I understand that the personal data provided in this form will be stored on Carers Of East Lothian’s database for the purposes of supporting me in my volunteering role and will be held on file for three years after my volunteering role ceases.* | | | |
| Signature |  | Date |  |