



NORTH ARGYLL CARERS CENTRE

**VOLUNTEER APPLICATION FORM
PRIVATE & CONFIDENTIAL**

IF YOU HAVE DOWNLOADED AND PRINTED THIS FORM FROM OUR WEBSITE, ONCE COMPLETED, PLEASE RETURN TO:

Centre Manager
North Argyll Carers Centre
Albany Street
Oban
PA34 4AL

or via email: info@northargyllcarers.org.uk

Volunteer Role Applied For (If relevant):

| |
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| |
|--|

Personal Details

| | |
|--|---------------------------------|
| Name: | Home Address: |
| | Post Code: |
| Home Telephone Number: | Work Telephone Number: |
| Mobile Telephone Number: | Personal E-Mail Address: |
| With discretion, may we telephone you at home or work? | |
| How did you find out about volunteering for North Argyll Carers Centre? | |

Employment History (Present or most recent employment if relevant)

| | |
|--|---|
| Name & Address of Employer: | Job Title: |
| | Date of commencement: |
| Nature of Business: | Date of leaving: Reason for leaving: |

What interests you about voluntary work?

Have you any previous voluntary work experience? If yes, please give details:

What personal attributes, skills and experience would you bring to volunteering?

Please indicate areas/roles that you are particularly interested in and feel you would be able to carry out:

Please indicate when would you be available to carry out a volunteer role, i.e. on occasions, particular days, set times etc:

| | | |
|--|----------------|-----------------------------|
| Have you ever been convicted of a criminal offence, (excluding minor road traffic offences) | | |
| If 'Yes,' please provide details. (Continue on a separate sheet, if necessary) | | |
| Details of conviction(s) | Date(s) | Sentence or Disposal |
| | | |

| |
|---|
| Is there any other relevant information you are aware of that might give North Argyll Carers Centre reasonable cause to believe you are not a suitable person to act as a volunteer? |
| If 'Yes,' please provide details: |

References

Please give the names and addresses of two referees we may contact for a confidential appraisal of your suitability for a volunteer role. This must not be a relative and we may contact this person for a character reference.

Reference 1

| | |
|--------------------------|----------------------------------|
| Name: | Telephone No & email: |
| | |
| In what capacity? | Address: |
| | |

Reference 2

| | |
|--------------------------|----------------------------------|
| Name: | Telephone No & email: |
| | |
| In what capacity? | Address: |
| | |

Emergency Contact

| | |
|----------------------|----------------------|
| Name: | Telephone No: |
| | |
| Relationship: | Address: |
| | |

Are you:

| | | | | | |
|---------|--|-------------|--|-------------------------------------|--|
| A Carer | | An Ex-Carer | | A member of the Carers Centre Staff | |
|---------|--|-------------|--|-------------------------------------|--|

Declaration

I certify that all the information contained in this form is true and correct to the best of my knowledge.

I realise that any false information, omissions or misleading statements may lead to the cancellation of the Volunteer Agreement between North Argyll Carers Centre and myself.

I understand that by signing this document, I authorise North Argyll Carers Centre to process my application and to hold this information for volunteering purposes.

Signed: _____ Date: _____

Thank you for your interest in volunteering with North Argyll Carers Centre. We will process your application as quickly as we can and let you know the outcome as soon as this has been completed.