\\server\BCEShared\Admin\Logos\TBC logo new\BC2016Red.tifTHE BROOMHOUSE CENTRE

VOLUNTEER APPLICATION FORM –

Broomhouse Young Carers

*79/89 Broomhouse Crescent, Edinburgh, EH11 3RH*

*Tel/Fax: 0131 455 7731*

*Email:* [*youngcarers@broomhousecentre.org.uk*](mailto:youngcarers@broomhousecentre.org.uk)

This organisation has an Information Protection and Open Access policy. Personal information given to us during the recruitment process will be used to help us decide whether we can offer you a voluntary position and treated confidentially throughout. It will be destroyed confidentially one month after the interview date unless you become a volunteer with us when it will become part of your personal record.

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| **SECTION A – to be completed by all applicants** | | | | | |
| **Project applied for:** | | | | | |
| Surname: | | | First name: | | |
| Address:  Post Code: | | | | | |
| Tel No | Mob: | | | Other: | |
| Email: | | | | NI Number: | |
| How did you hear about us? | | | | | |
| Why are you interested in volunteering for this project? | | | | | |
| Please tick the day(s) that you are available to volunteer with this project. | | | | | |
|  | | Morning | Afternoon | | Evening |
| Monday | |  |  | |  |
| Tuesday | |  |  | |  |
| Wednesday | |  |  | |  |
| Thursday | |  |  | |  |
| Friday | |  |  | |  |

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| Please give details of any work experience, paid or voluntary, with young people, older people, or other vulnerable people, which you have had (if any):- |
| Please give details of any other past/present work experience, paid or voluntary, which you may have:- |
| What other experience or training do you have which you think may be relevant? |
| What skills or interests do you have which you think may be relevant? |
| The Broomhouse Centre is striving to be an Equal Opportunities organisation and will endeavour to meet the cultural preferences of its volunteers as far as the resources and requirements of its services will allow. If you have any cultural preferences (eg dietary) which you feel may be relevant to your voluntary work here please enter it here:- |

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| If you have any special needs with regards to your mobility (eg you need wheelchair access), or communicating (eg you need a signer), or your diet (eg you are allergic to nuts) please enter it here:- |
| Do you have any other information relevant to this voluntary position which you feel it would be appropriate for us to know? For instance, you may have support needs which you think may be relevant to your voluntary work here. If so, please tell us here:- |

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| **SECTION B – to be completed by all applicants** |
| Please give us the names and addresses of two reputable people who would be willing and able to write you a reference commenting on your character and suitability for the position for which you are applying. They should not be members of your family. At least one reference from a current or previous employer would be preferred. At least one referee should have experience of your work with the sorts of vulnerable people appropriate to the position for which you are applying (if you have any such experience).    If you are not sure about the suitability of your referees, please discuss it with us. |
| **REFERENCE 1** |
| Name: |
| Address: |
| Telephone Number and email: |
| What is your relationship to this person? |
| **REFERENCE 2** |
| Name: |
| Address: |
| Telephone Number and email: |
| What is your relationship to this person? |