



VOLUNTEER APPLICATION FORM

HOW TO FILL IN THIS FORM

When filling out this Application Form please:

- ☐ Answer all of the questions.
- ☐ Type or write in black ink or ballpoint as this form will be photocopied.
- ☐ Continue on additional sheets of paper if there is insufficient space.
- ☐ You may attach a CV if you wish but it will only be used to support information already given in your Application Form.
- ☐ Ensure that you complete and return the Equal Opportunities Form as part of your application.

PERSONAL DETAILS

Surname:

Forename(s):

Any other name you have been known as:

Title (Mr/Mrs/Miss/Ms/Other):

Date of Birth (optional):

Address:

Postcode:

Home Tel Number:

Mobile Tel Number:

Email address:

Some volunteering roles with Cosgrove Care will require a Disclosure Scotland or Protection of Vulnerable Groups (PVG) check.

Are you currently a member of the PVG Scheme?

YES ☐ NO ☐

If YES, please note your Membership Number and date of last check

Membership No: _____ Date: / /

Do you hold a current, British Driving Licence?

YES ☐ NO ☐





If YES, please note type of Licence

PROVISIONAL ☐ FULL ☐

Do you have any current penalty points?

YES ☐ NO ☐

If YES, how many?

How did you hear about Cosgrove Care?

Please state why you are interested in volunteering with Cosgrove

Please state what you wish to gain from volunteering with Cosgrove

Do you have any previous volunteer experience?

YES ☐ NO ☐

If yes, please note this below:



Please advise when you are available to volunteer

	Morning	Afternoon	Evening	Night
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Which areas of volunteering interest you? (please tick all that apply)

Charity Shop	<input type="checkbox"/>	Child Services	<input type="checkbox"/>
Adult Services	<input type="checkbox"/>	Befriending	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	Office/Admin	<input type="checkbox"/>
Events	<input type="checkbox"/>	Bag Packing	<input type="checkbox"/>

SKILLS/HOBBIES

Please tell us about any skills, hobbies or experience you have that may be relevant.



REFERENCES

It is organisational policy to request two references on your suitability to volunteer with Cosgrove Care. Please give details of 2 referees, who should be able to comment on your suitability as a volunteer. Relatives will not be accepted as a suitable referee.

Name:

Job Title:

Address and Postcode:

Telephone number:

Email address:

In what capacity do you know this person?

Name:

Job Title:

Address and Postcode:

Telephone number:

Email address:

In what capacity do you know this person?

DECLARATION

I declare that I have not used misleading information to gain a volunteering opportunity with Cosgrove Care and the information contained in this application is, to the best of my knowledge, correct.

Signed: _____

Date: _____

If this form is emailed, it will be required to be signed at any subsequent interview.

Please return the completed form to: lj Jarvis@cosgrovecare.org.uk

Or post to: Lauren Jarvis, Volunteer Co-ordinator, Cosgrove Care, The Walton Community Centre, May Terrace, Giffnock G46 6LD; Tel: 0141 620 2500

THANK YOU FOR COMPLETING THIS FORM. WE WILL BE IN TOUCH AS SOON AS POSSIBLE.

