

Name of Centre/School/Organisation

Group(s) the volunteer will work with

**1. Personal Details**

Surname: Forename:

Known as (if different):

Full Postal Address (include street and town):

Postcode:
 Telephone No:

Email Address:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student | Employed | Unemployed | Retired | Other |
|  |  |  |  |  |

Current status (please tick)

Emergency Contact

|  |  |
| --- | --- |
| Name:  |  |
| Telephone No: |  |
| Relation to you:  |  |

Please provide information on any volunteering experience or any current/previous employment. Please also describe the skills that you can offer.

**2. Background Information**

Tell us why you would like to volunteer with us. Please include information about any skills or experience you hope to gain through volunteering.

Your availability – please inform us what days and times you are available to volunteer by ticking the boxes below.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

Any other comments regarding your availability:

Please provide the name and addresses of two people who may be asked to support your suitability for this voluntary work who have given you permission to use them as a referee. These may be other existing volunteers, a teacher, or an employer. You may not use a relative as a referee.

**3. References**

|  |  |  |
| --- | --- | --- |
|  | Referee 1 | Referee 2 |
| Name and Job Title |  |  |
| Address  |  |  |
| Telephone No. |  |  |
| Email |  |  |

If you have any special requirements that may affect your volunteering, for example access to buildings, please can you tell us about them here.
All applicants for volunteer roles are asked to complete an application to help us understand a bit more about you and why you want to volunteer with us. If your role involves working with children and/or protected adults you need to become a member of the Protection of Vulnerable Groups Scheme (PVG). You will be asked to complete a PVG Scheme membership application form if you are not already a scheme member. If you are already part of the PVG Scheme we will request a Scheme Record update.

**5. Declaration**

**4. Specific Requirements**

I will keep Fife Council up to date with any changes to my circumstances, including my contact details and any amendments to my PVG which breach the requirements of the scheme.
I confirm that the information entered above is true and complete and I give permission for Fife Council to store and use my personal information as part of their volunteer programme.

Signature: Date:

**VOLUNTEER MONITORING FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of birth: |   |   | / |   |   | / |   |   |   |   |  | Gender: | [ ]  Female | [ ]  Male |

**Please tick ONE box in the section which represents your current situation.**

If you have indicated that you are unemployed, please state if you are in receipt of JSA (Job Seekers Allowance)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employed**  | Full time (16hrs+) Part time (1-15hrs)  | [ ] [x]  | **Unemployed** | Up to 6 months7 – 12 months13-24 months25 months + | [ ] [ ] [ ] [ ]  |  | **JSA recipient****Yes** **[ ]  No** **[ ]**  | **Other** | Further EducationHigher EducationTrainingSchoolRetired | [ ] [ ] [ ] [ ] [ ]  |

 **Ethnic Origin** *(please tick ONE box)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| White (British) | [ ]  | Black (British) | [ ]  | Asian (British) | [ ]  | **If you have ticked a category marked \*** |
| White (Scottish) | [ ]  | Black (Caribbean) | [ ]  | Asian (Chinese) | [ ]  |  |  |
| White (English) | [ ]  | Black (African) | [ ]  | Asian (Indian) | [ ]  | specify your ethnic group:  |       |
| White (Welsh) | [ ]  | Black (Other) \* | [ ]  | Asian (Pakistani) | [ ]  |  |  |
| White (Irish) | [ ]  | Mixed White / Asian | [ ]  | Asian (Bangladeshi) | [ ]  | What is your nationality |       |
| White (Other) \* | [ ]  | Mixed White / Black | [ ]  | Asian (Other)\* | [ ]  |  |  |
| Gypsy / Traveller | [ ]  | Other Mixed Background \* | [ ]  | Arabic | [ ]  | What is your first language |       |

**Disability** *(please tick the following as appropriate)*

|  |  |  |  |
| --- | --- | --- | --- |
| I have no known disability | **[ ]**  | Mental health difficulties | **[ ]**  |
| Dyslexia  | **[ ]**  | An unseen disability, e.g. diabetes, epilepsy, asthma | **[ ]**  |
| Blind / partially sighted  | **[ ]**  | Multiple disabilities  | **[ ]**  |
| Deaf / have a hearing impairment | **[ ]**  | A disability not listed | **[ ]**  |
| Wheelchair user / have mobility difficulties | **[ ]**  | Information withheld  | **[ ]**  |
| Personal care support | **[ ]**  |  |  |

|  |
| --- |
| **How we use your information**The information provided by you on this form will be used by the Communities and Wellbeing Partnership in order to register you for participation in their adult learning service, to identify the most appropriate support for you, and to allow monitoring of the performance of services offered. For further online information the Communities and Wellbeing Partnership Privacy Notice is available at <https://www.fifedirect.org.uk/privacy/communitieswellbeing> or available on request.I confirm that the information I have provided is accurate. |
| Volunteer Signature: |       | Date: |       |  |