



Volunteer Application Form

SECTION A : Your personal details

Title			
First Name			
Middle Name			
Surname/Last Name			
Any previous names by which you have been known			
Date of birth			
Address			
Postcode			
Home Telephone			
Mobile			
Email address			
How would you prefer to be contacted?	Home Phone	Mobile	Email
Emergency Contact Name			
Emergency Contact Number			
Are you a member of the PVG scheme?			
If yes, please state which register and provide your membership number:			
Children / Adults	PVG Membership Number:		

FOR OFFICE USE ONLY

Date Received

SECTION B: Your Application to Volunteer

Why are you applying to Volunteer with Can Do?

What experience do you have with children and/or adults who have additional needs?
Please give details of any previous experience you may have of looking after and/or working with [children / protected adults].

SECTION C: Disclosure Information

All prospective volunteers are required to apply for a PVG Disclosure for Regulated work with children. This process check’s your criminal history to check your suitability to work with vulnerable children. Can Do will support you to complete this application, and your form will be sent to Volunteer Scotland for processing. Applications to join the PVG scheme are free for volunteers.

Please note:

You are unable to start any volunteering position with Can Do until your registration for regulated work with children has been completed, and your certificate is returned.

All unspent convictions must be disclosed, and we will seek a Scottish Criminal Records check via Disclosure Scotland on all volunteer applications.

Do you have any unspent criminal convictions to disclose?	Yes	No
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If yes, please give details below

Date of offence	Type of offence	Place it occurred	Name of Court	Penalty Imposed

Do you have any outstanding charges?	Yes	No
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If yes, please give details below

SECTION D: Additional Information

Are you currently being treated by a G.P. for any medical conditions? If yes, please give details below:

Are you currently taking any medication or drug treatment (except the contraceptive pill)? If yes, please give details below:

Do you suffer from any of the following: Epilepsy, Fits, Migraines, Heart Conditions, Asthma, Back Problems, High Blood Pressure, Diabetes, Nervous Illness, Alcohol problems, Depression? If yes, please give details below:

Have you suffered from any serious illness in the last 5 years? If yes, please give details below:

SECTION E: References

Please give the name and contact details of two suitable referees. At least one should have knowledge of any previous work you may have undertaken with children and / or protected adults.

Please note: References cannot be accepted from a family member or friend. If you are at school / college one of your referees must be a teacher or a tutor.

Name	Name
Job Title	Job Title
Address (including postcode):	Address (including postcode):
Telephone	Telephone
Email	Email
In what capacity do you know this person (friend, colleague, etc)?	In what capacity do you know this person (friend, colleague, etc)?

SECTION F: Declaration

I confirm that all information given on this form is correct and I consent to the two referees' details above being approached to provide character references for me.

Signature	Date
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Thank you for completing this application form, please return it to:

**Can Do, Community Centre
8 Law Road, North Berwick EH39 4PN
or hello@can-do.scot**

The information you give us in this form will be treated in the strictest confidence.