

**Volunteering Application**

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| What volunteer role are you applying for |
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| Please tell us how you heard about this role |
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| Have you applied to volunteer with us before If yes, please provide details (when, what role, what happened?) |
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| Personal Information |
| Name: Address:Post code:Date of Birth: | Email:Home Telephone No: Daytime Telephone No: Mobile: |

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| Reasons for volunteering |
| Please tell us what attracted you to volunteering with us: |
| Please read the role description and tell us what attracted you to this particular role: |
| What would you like to gain from volunteering with us? |

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| Life Experience /Skills |
| Please tell us about previous experience you have of volunteering? |
| Please read the role description and tell us how your skills meet those needed for this role: |
| Please tell us about any interests, skills or hobbies that you have: |

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| Commitments  |
| Please tell us about other commitments you have (eg work, study, volunteering, caring): |
| What time commitment would you be able to make to volunteering with LGBT Health and Wellbeing: |

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| Other Information |
| Do you have a current UK driving licence? (If so, please indicate if you have access to a car) |
| Do you have skills that you would be willing to share to help LGBT Health in becoming more accessible?  (E.g. being able to communicate in another language (including BSL and braille),TESOL Qualification, creating or reviewing easy read documents, and/or experience of supporting people with disabilities) |
| Please tell us anything else you would like us to know about you for example physical, mental, accessibility issues which may help us support you as a volunteer: |
| Please note that we require a Disclosure check only where this is considered proportionate and relevant to the volunteering position. The supervisor dealing with your application will advise of whether a Standard or Enhanced Disclosure check is required. Having a criminal record will not necessarily debar you from volunteering with us. Please discuss any convictions with the staff member who will countersign your application to Disclosure Scotland |

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| References |
| Please give us the contact details for two people who know you well enough to provide a reference for you (family and partners not suitable, unless your employer).  |
| Name:How you know them:Address:  Telephone No: Email:  | Name:How you know them:Address:  Telephone No: Email:  |

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| **Statement**I understand that my application will be held on file for three years with LGBT Health and Wellbeing after my volunteering has ended, or three years after my application date if I do not become a volunteer. I agree to being contacted regarding this application. I understand some of my information will be used for anonymous monitoring purposes.Signed: …………………………………………………. Date: ………………………….. |

**Thank you** for your interest in volunteering with the LGBT Health and Wellbeing!

Please return your completed application form to Jean Monaghan, Development Worker with Age Social Programme, at jean@lgbthealth.org.uk.

Alternatively, you can post to:

LGBT Health and Wellbeing

Adelphi Centre,

12 Commercial Rd,

Glasgow

G5 0A2