

OFFICE USE

Ack. sent:	Refs. sent:	Policy rec'd:	Progress No:
Ref.1 rec'd:	Approved: YES / NO	Ref.2 rec'd:	Approved: YES / NO
Shop adv:	Contact:	Tel : Letter	S/S: yes / no

Blythwood Care
 Highland Deephaven
 Evanton, Ross-Shire IV16 9XJ
 Tel: 01349 830777 Fax: 01349 830477
 Email: info@blythwood.org
 Website: www.blythwood.org



Volunteer Application Form

Thank you for your offer to help Blythwood Care. Please supply answers to the following questions.

PLEASE PRINT

Volunteering Location _____

Your Details:

Title:	First name:	Surname:	Are you:	16 yrs & under	
				17 yrs & over	
Address:			Tel. Home:		
			Mobile:		
Postcode:			Email:		

Next of Kin Details:

Title:	First name:	Surname:	Relationship:
Address:			Tel. Home:
			Mobile:
Postcode:			Other:

I would like to help at:

Charity Shop ☐ Depot / Warehouse ☐ Foodbank ☐ Other (specify) _____

Availability:

		Mon	Tue	Wed	Thu	Fri	Sat
As & when required:	☐	Weekdays: am	☐	☐	☐	☐	☐
		pm	☐	☐	☐	☐	☐
Other information:							

Disclosure Certificates:

Do you hold any of the following disclosure certificates:	CRB ☐	CRBS ☐	PVG ☐
If so, please give details of ID numbers etc; _____			

.....continued overleaf

Work experience:

Please give details:-

Qualifications:

Please give details;

Driving Licence:

Do you hold a **full** current driving licence?

Yes ☐ No ☐

Do you have any current convictions for driving offences?

Yes ☐ No ☐

Please give details of any current driving convictions:-

Criminal Convictions:

Please give details, except for those 'spent' under the Rehabilitation of Offenders Act.

Health:

Please give details of any health problems you may be experiencing that we should be aware of;-

Supporting Evidence:

Please state your reasons for volunteering and provide any other information that you think may be of interest to us;-

References:

These should **NOT** be a close family relation or employee of Blythswood Care.

REF 1	Title:	First name:	Surname:
Address:			Tel. No:
Postcode:			Relationship:

REF 2	Title:	First name:	Surname:
Address:			Tel. No:
Postcode:			Relationship:

Information on this form is for our records only and will not be passed to a third party without your full consent. To keep you updated on any opportunities or needs we will add your name to our newsletter mailing list. If you do not wish to receive it please tick this box ☐

Signature:

Date: