



APPLICATION TO VOLUNTEER

PERSONAL INFORMATION:

Forename(s):	Surname:
Address:	Postcode:
Email:	Home No:
Date of Birth:	Mobile No:
Present/Previous Occupation:	

REFERENCES – Please give the name, address and contact details of two persons willing to provide a reference in support of your application.

The reference provider will be asked to comment on your suitability for a volunteer role with Victim Support Scotland and must have known you professionally or personally for a minimum of 3 years. Family members or relations are not permitted to provide a reference.

Name:	Name:
Address:	Address:
Postcode:	Postcode:
Telephone No:	Telephone No:
Email:	Email:
Relationship to you:	Relationship to you:

AVAILABILITY TO VOLUNTEER

Please circle your answers:

Do you have a current driving licence?	Yes	No
Do you have the use of a car?	Yes	No
Are you able to use public transport	Yes	No
Are you willing to travel outside of your local area?	Yes	No
Do you have any disability or condition that we need to take into account in terms of your mobility?	Yes	No
If you answered "yes" to the above question, please give more details, e.g. if disabled access is required.		

Which area of volunteering in VSS you are interested in – please tick all that apply:

<input type="checkbox"/> Service Delivery
<input type="checkbox"/> Administration
<input type="checkbox"/> Fundraising
<input type="checkbox"/> Area Committee
<input type="checkbox"/> Other

Please provide details of your availability, indicating any preferences or restrictions regarding days of the week, morning / afternoons etc:

Please provide details of any other volunteering that you undertake or have undertaken in the past:

Please provide details of any level of disclosure you currently hold (including Protected Vulnerable Groups) and where appropriate your membership number:

PERSONAL STATEMENT

Tell us, giving clear examples, what experiences, training, skills and abilities you feel you can bring to the role of Volunteer.

Can you communicate in sign language	Yes	No
Can you speak a language other than English?	Yes	No
If so, what language (s) can you speak		

MEDIA

Where did you hear about volunteering with Victim Support Scotland?

Please Leave this Page Blank for Administration Purposes

REHABILITATION OF OFFENDERS ACT 1974

PART A

SELF DECLARATION FORM

Victim Support Scotland is committed to the welfare and protection of children and protected adults and has a duty to ensure the suitability of any individual who volunteers for Victim Support Scotland. To fulfil this duty, you are required to complete the following information having read the notes below.

NOTE: You are advised under the provisions of the Rehabilitation of Offenders Act 1974 (exceptions) order 1975 you should declare all convictions including 'spent convictions'.

Please note that whilst not all convictions will debar you from volunteering with Victim Support Scotland, you must declare any offences or investigations as shown below.

I hereby declare and represent that (please tick all that applies):

- I have not, at any time, in the United Kingdom or abroad, been found guilty of any criminal offence;
- I have not, at any time, in the United Kingdom or abroad, been bound over, placed on a deferred sentence, or discharged either criminally or absolutely;
- I have not, at any time, in the United Kingdom or abroad, been cautioned or charged in relation to any criminal offence;
- I have not, at any time, in the United Kingdom or abroad, been the subject of an investigation in relation to any criminal offence;
- I have no criminal charges pending;
- I am not known to any Social Work Department/Social Services as being an actual or potential risk to Children and Protected Adults;
- The information given on this form is true and accurate.

If you are unable to tick all the above boxes, you must complete PART B overleaf

Important Information

Any person disqualified from working with Children or Protected Adults (Protection of Vulnerable Groups Act (PVG) (Scotland) Act 2007), will commit a criminal offence if he/she applies for, offers, accepts or does any role, working with Children or Protected Adults. VSS will also commit a criminal offence if any such person is knowingly employed working with Children or Protected Adults.

All information will be dealt with in the strictest of confidence.

You have a right of access to information held on you and other rights under the Data Protection Act 1998.

PART B

SELF DECLARATION FORM

Please give details of Charges or Cautions (including non convictions):

Date	Offence	Penalty/Disposal

Please give details of the reasons and circumstances leading to your charge or caution:

DECLARATION

I hereby give my consent to Victim Support Scotland to carry out a PVG Scheme/Disclosure record check, through Disclosure Scotland, to verify the replies given in this declaration, including enquiries of any relevant authority.

I understand and agree that data contained in the application form will be used and processed for the purpose of the selection process only. I agree to Victim Support Scotland holding and processing this information.

I acknowledge that if at any time I am cautioned, charged or convicted of any crime or offence I am required to advise Victim Support Scotland immediately.

I confirm that to the best of my knowledge the details given above are correct. I understand that any deliberate misrepresentation could lead to my application being disqualified or the termination of the volunteer agreement if I have already been appointed.

Signature: _____ Date: _____

Please note that by signing this form you agree that we may store and process information about you. If successful, this information will form part of your personal record. Data on unsuccessful applicants is kept for a period of 1 year and is then destroyed.

For Service Use only:

Full Name of Volunteer: Service Name:
(Block Capitals)