

**VOLUNTEER APPLICATION FORM**  
**PLEASE USE CAPITAL LETTERS WHEN COMPLETING APPLICATION FORM**

|         |  |             |  |
|---------|--|-------------|--|
| Surname |  | Initial (s) |  |
|---------|--|-------------|--|

|                                 |       |       |         |
|---------------------------------|-------|-------|---------|
| Address<br>(Including Postcode) |       |       |         |
| Telephone Numbers               | Home: | Work: | Mobile: |

**How would you describe your current employment status?**

Employed

Unemployed

Self-employed

Retired

At home

Invalidity

Education / Training

Other

**Please describe briefly your work experience (including voluntary work)**

**Please describe briefly your hobbies and interests**

**Please describe briefly why you are interested in becoming a volunteer with FIRST**

**If you have had an alcohol or drug related problem yourself, how long is it since it was resolved?**

**Please detail below your availability as a volunteer**

Mornings

Afternoons

Evenings

**How did you find out about FIRST?**

Word of Mouth

Newspaper

Leaflet / Poster

Other

**Please give names of two referees whom we can contact (must NOT be a relative / spouse / partner)**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone  
Number: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone  
Number: \_\_\_\_\_

**Declaration**  
To the best of my knowledge, the information provided on this form is correct.

Signed: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**Criminal Convictions – Declaration Form**

|         |  |               |  |
|---------|--|---------------|--|
| Surname |  | Other Name(s) |  |
|---------|--|---------------|--|

You have been selected for an interview and under the terms of The Rehabilitation of Offenders Act 1974, you are required to disclose criminal convictions which are spent (past) and unspent (current). Please give details regarding these in **Section 1** below.

If you have **no** convictions, please go straight to **Section 2** and sign form accordingly.

**Section 1 – Convictions (Past and Current)**

- a) When did the offence(s) take place? What were you charged with? What sentence did you receive?
  
  
  
  
  
  
  
  
  
  
- b) What were your circumstances at that time? i.e. family, financial, etc.
  
  
  
  
  
  
  
  
  
  
- c) What have you learned from the experience?
  
  
  
  
  
  
  
  
  
  
- d) What is your personal situation and future expectations?

**Section 2 – Declaration**

I, \_\_\_\_\_ (name) declare that I have no convictions.

**Section 3 – Certification**

I certify that all the information contained in this form is true and correct to the best of my knowledge and realise that false information or omissions may lead to dismissal from FIRST.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: The information given in this form will be treated in the strictest confidence. Please place this form, once completed, in the sealed envelope marked "Private & Confidential" and return it along with application form / equal opportunities form in the addressed envelope provided (stamp required).**

**Should you be unsuccessful in your application – this form will be returned to you in its original envelope intact.**

## APPLICATION FOR VOLUNTEERING

### EQUAL OPPORTUNITIES MONITORING FORM

In order to check the effectiveness of our equal opportunities policy we monitor a range of areas where people may experience discrimination. We would be pleased if you would complete the form below. The information you give will not be available to people involved in the selection process and will be used for monitoring purposes only. All information will be treated in strict confidence and names will not be shown in any statistics produced.

Please complete all sections either typed or in **black** ink and return with your application form. Insert **X** in question boxes that do not require a written answer.

|          |      |  |
|----------|------|--|
| <b>1</b> | Name |  |
|----------|------|--|

|  |                  |                          |    |                          |         |                          |          |                          |                 |
|--|------------------|--------------------------|----|--------------------------|---------|--------------------------|----------|--------------------------|-----------------|
| <b>2</b> Details of the job you are applying for |                  |                          |    |                          |         |                          |          |                          |                 |
| Job Title  | <b>Volunteer</b> |                          |    |                          |         |                          |          |                          |                 |
| Availability                                     | am               | <input type="checkbox"/> | pm | <input type="checkbox"/> | evening | <input type="checkbox"/> | weekends | <input type="checkbox"/> | Unavailable on: |

|                               |      |                          |        |                          |
|-------------------------------|------|--------------------------|--------|--------------------------|
| <b>3</b> What is your Gender? | Male | <input type="checkbox"/> | Female | <input type="checkbox"/> |
|-------------------------------|------|--------------------------|--------|--------------------------|

|   |   |                          |                          |                          |
|---|---|--------------------------|--------------------------|--------------------------|
| <b>4</b> Do you have regular caring responsibilities for dependants?            | Yes   | <input type="checkbox"/> | No                       | <input type="checkbox"/> |
| Children <input type="checkbox"/>   | Other Dependants eg elderly or seriously ill adults |                          | Both                     | <input type="checkbox"/> |
| Where you are caring for children please say how many are in each age category. |   |                          |                          |                          |
| under 5   | <input type="checkbox"/>                            | 5-16                     | <input type="checkbox"/> | 17-18                    |
|   | <input type="checkbox"/>                            |                          | <input type="checkbox"/> | <input type="checkbox"/> |

|  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| <b>5</b> <i>This information will help us to monitor marital status and lone parent status</i> |     |                          |    |                          |
| Please answer both (a) and (b)   |     |                          |    |                          |
| (a) Are you married?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (b) Are you currently living with a partner or spouse  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

|                                      |                   |
|--------------------------------------|-------------------|
| <b>6</b> What is your Date of Birth: | What is your age? |
|--------------------------------------|-------------------|

|          |  |     |                          |    |
|----------|--|-----|--------------------------|----|
| <b>7</b> | <i>The Equality Act 2010 defines disability as a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities.</i> |     |                          |    |
|          | Do you consider that you have a disability?  | Yes | <input type="checkbox"/> | No |
|          | If you answered yes, please state the nature of your disability:   |     |                          |    |
|          |  |     |                          |    |

**PLEASE CONTINUE OVERLEAF**

*Ethnic origin is about colour and broad ethnic and cultural group. Different groups may face different experiences of discrimination. The categories closely match those used in the 2001 census for Scotland.*

**8 Ethnic Categories.** (Choose one section from A - F then tick the appropriate box to indicate your cultural background).

|  |                          |   |                          |
|--|--------------------------|---|--------------------------|
| <b>A. White</b>  |                          | <b>B Black - Black Scottish, Black English, Black Welsh, or other Black British</b>           |                          |
| Scottish   | <input type="checkbox"/> | Caribbean   | <input type="checkbox"/> |
| English  | <input type="checkbox"/> | African   | <input type="checkbox"/> |
| Irish  | <input type="checkbox"/> |   |                          |
| Welsh  | <input type="checkbox"/> |   |                          |
| Any other White background please write in:  |                          | Any other Black background please write in:   |                          |
|  |                          |   |                          |
| <b>C. Asian - Asian Scottish, Asian EnglishAsian Welsh, or other Asian British</b> |                          | <b>D Chinese - Chinese Scottish, Chinese English, Chinese Welsh, or other Chinese British</b> |                          |
| Indian   | <input type="checkbox"/> | Chinese   | <input type="checkbox"/> |
| Pakistani  | <input type="checkbox"/> |   |                          |
| Bangladeshi  | <input type="checkbox"/> |   |                          |
| Any other Asian background please write in:  |                          | Any other Chinese background please write in:   |                          |
|  |                          |   |                          |
| <b>E. Mixed Race</b>   |                          | <b>F. Other ethnic background</b>   |                          |
| Please write in:   |                          | Gypsy Traveller   | <input type="checkbox"/> |
|  |                          | Any other background please write in:   |                          |
|  |                          |   |                          |

**9** Please say how you heard about this post.

|                           |                          |  |
|---------------------------|--------------------------|--|
| Advertisement (say where) | <input type="checkbox"/> |  |
| Internet Site (say which) | <input type="checkbox"/> |  |
| Leaflets                  | <input type="checkbox"/> |  |
| Volunteer Centre          | <input type="checkbox"/> |  |
| Other (give details)      | <input type="checkbox"/> |  |
| Someone you know          | <input type="checkbox"/> |  |

Signed  Date

*Thank you for helping us to implement our policy of promoting equality of opportunity and eliminating discrimination*