

**VOLUNTEER APPLICATION FORM**

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| **PERSONAL DETAILS** | |
| **Name:** |  |
| **Address:** |  |
| **Phone No(s):** |  |
| **Email:** |  |

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| **WHAT SKILLS? QUALITIES? EXPERIENCE COULD YOU BRING TO CRUSE SCOTLAND?** |
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| **PREVIOUS COUNSELLING EXPERIENCE** | |
| 1. Organisation: | |
| Details: | |
| Period of Time: | Role: |
| 2. Organisation: | |
| Details: | |
| Period of Time: | Role: |
| 3. Organisation: | |
| Details: | |
| Period of Time: | Role: |

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| **PLEASE SPECIFY ANY RELEVANT COURSES:** | | | | |
| **Title of course**  **&**  **Organisation/Training Provider** | **Length of course**  e.g. no of days/hours/years | **Grade/Level**  e.g. Certificate, HNC, Diploma | **Date of Award** | **Date Completed** |
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| **REFERENCES**  Please give the names and addresses of two people who have known you for several years and are willing to act as referees. These should NOT be relatives or friends. | | |
|  | **Referee 1** | **Referee 2** |
| **Name:** |  |  |
| **Relationship to you:** |  |  |
| **Address:** |  |  |
| **Postcode:** |  |  |
| **Tel No(s):** |  |  |
| **Email Address:** |  |  |

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| **WHERE DID YOU HEAR ABOUT US?**  It is helpful for us to learn how people find out about our volunteering opportunities |
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| **PVG CHECK**  It is a legal requirement that all volunteers and staff working with vulnerable groups are PVG (Protecting of Vulnerable Groups) checked.  **All external applicants should be aware of the process as integral to recruitment.** |

Signed: ………………………………………………….. Date: ……………………………………

**Thank you for completing this form.**

**Please return it to:**

email: [wendy.diack@crusescotland.org.uk](mailto:wendy.diack@crusescotland.org.uk)

Post: Cruse Bereavement Care Scotland HQ

29 Barossa Place, Perth, PH1 5HH