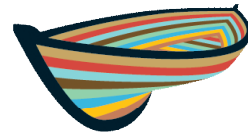


Volunteer Application



Shetland *arts*

SECTION A

Please complete in **BLOCK CAPITALS**

1. Personal Details:

Title: (Mr/Mrs/Miss/Ms/Other)	
Surname:	
Forename(s):	
Address:	
Postcode:	
Date of Birth:	
Telephone No.(Evening)	
Telephone No. (Morning)	
Email Address:	

2. Languages:

First language spoken: _____ Other language spoken: _____

3. Employment Status:

Are you currently employed? Yes/No
In Education? Yes/No
Retired from employment? Yes/No

4. Emergency Contact Details:

Name:	
Address:	
Telephone No:	

SECTION B

1. Which role are you interested in applying for?

2. Please indicate particular skills and abilities you will be able to bring to Shetland Arts:

3. Do you have any past voluntary experience? If so please give details:

4. Are you currently volunteering anywhere else? If so please give details:

5. Further Information (please use this space to provide any additional information which you feel will support your application):

6. Please inform us of any health issues, illness or disability which will need to be considered before starting as a volunteer (this is for your safety and well being):

7. Please indicate when you would be available:

Morning Afternoon Evening Day

8. How did you hear about volunteering with Shetland Arts?

Newspaper Poster Current volunteer
Volunteer Centre Friend Other (Please specify)

9. Referees: (Please indicate below the names and addresses of two referees, (not relatives) who may be contacted):

Name:	Name:
Address:	Address:
Postcode:	Postcode:
Tel No:	Tel No:
Relationship:	Relationship:

SECTION C

Rehabilitation of Offenders Act 1974

Due to the nature of the work for which you are applying, you must not withhold information about any court convictions you have received at any time. If you are successful in your application, any failure to disclose such convictions could result in you not being placed as a volunteer within Shetland Arts. Any information given will be completely confidential and will be considered only in relation to the application for positions to which the Health & Social Services Exemption order applies.

Have you at any time received a court conviction YES/NO (Please indicate)

Date	
Court	
Details of Conviction	

DECLARATION

I declare that the information on this form is true and complete. I understand that any false information supplied, may result in my removal from within Shetland Arts, if appointed as a volunteer.

Signature Date

Any information given may be held on computer and therefore, falls within the provisions of the Data Protection Act.

If whilst a volunteer you are cautioned, given a final warning or reprimanded or are subject to any police investigation you must inform the Shetland Arts Project Manager immediately.

Health Questionnaire

Shetland Arts has a duty to protect the health and safety of all volunteers whilst on our premises or working on our behalf. It will be necessary to ask you to complete a Health Questionnaire and you may be required to have an interview with an occupational advisor.

Commitment: You will be expected to assist in one particular area. If you are aware of any planned holidays or are absent due to sickness, please inform the recruiting line manager.

Confidentiality: All volunteers are asked to sign an agreement to maintain confidentiality, with regard to any personal/medical details about Shetland Arts service users before commencing voluntary work.

Termination of voluntary work: Please inform the Project Manager if you decide you wish to cease voluntary work.

Signature: Date: