

INTERFAITH SCOTLAND VOLUNTEER APPLICATION FORM



If you need any help completing this form, please contact Mel on 0141 420 6982. If there is not enough space for any information, please continue on the back.

Please complete the form using block capitals

SECTION 1 - CONTACT DETAILS

NAME

ADDRESS

POSTCODE

**TELEPHONE NUMBER (HOME)
(MOBILE)**

EMAIL ADDRESS

SECTION 2- ABOUT YOU

Please tell us about any previous work experience you feel is relevant to the role and the person specification (Paid or Voluntary)?

What would you like to personally achieve through your voluntary work at Interfaith Scotland?

Why do you think educating young people about good interfaith relations is important?

Additional information: please add any other information about yourself, which you feel is relevant e.g. any specialised skills, interests or hobbies

How did you hear about this post?

We will be hosting a two day training course for all new volunteers towards the end of August. Would you prefer to attend a weekend or mid-week course?

Do you have any disability or medical condition which you would like us to know about in relation to being a volunteer?

At this stage it would be helpful to know the times when you might be free to deliver workshops, please tick the boxes when you are most likely to be available

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

SECTION 3 - PROTECTION ISSUES

Because of the type of work, involving contact with vulnerable people, you are required by the Rehabilitation of Offenders Act 1974, to declare all unspent convictions. A previous conviction does not necessarily mean that you will be unable to volunteer with us. Any information received will be discussed with you in the strictest confidence. Please do not hesitate to contact me if you have any questions or concerns.

Do you have an unspent conviction for a criminal offence, or are you at present the subject of criminal charges? Yes No
If yes, please give brief details.

Signature:

Date:

Please give the names and addresses of two people who know you well enough to say whether or not you are suited to this type of voluntary work. Both referees should have known you for at least 2 years, but not a relative.

Name	Name
Address	Address
Postcode	Postcode
Telephone number	Telephone number

I declare that the information given by me is correct and complete to the best of my knowledge. I understand that I may be required to have a Scottish Criminal Records Office disclosure.

Signature:

Date:

This project is committed to an equal opportunities policy and welcomes applications from all people regardless of age, gender, race, sexuality or disability.

Please return the form to:
Mel Grossman
Interfaith Scotland
523 Shields Road, Glasgow, G41 2RF
OR
Email: mel@interfaithscotland.org

CLOSING DATE: MONDAY 15TH JUNE 2015