

Volunteer Application Form

Appendix A

Please enter your details below and return the completed form to hello@haemophilia.scot

1. Personal Details

Name: _____ Date of Birth: ____/____/____

Address: _____

Daytime

Evening

Contact number: _____ Contact number: _____

Email address: _____

Are you a member of Haemophilia Scotland? Yes No

Emergency Contact name: _____

Emergency Contact telephone: _____

2. Please tick the area that you have a preference in volunteering:

☐ Community Fundraising

☐ Content Creator

☐ Events Assistant

☐ Member Supporter

☐ Office Administrator

☐ Patient Representative

3. How much time do you want to spend volunteering?

☐ Few hours a week

☐ Ten hours a month

☐ Five hours a month

☐ A few hours a month

☐ Few hours at a time, several times a year

☐ Few hours a year

☐ Open to suggestions

☐ Weekends

☐ Weekday mornings ☐ Weekday afternoons ☐ Weekday evenings

Preference of days (please check all that apply)

☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

<input type="checkbox"/> Work from home/on own time	<input type="checkbox"/> Work on your own
<input type="checkbox"/> Do jobs that require standing and moving around	<input type="checkbox"/> Work with others
<input type="checkbox"/> Episodic volunteering – on-time/occasional jobs	<input type="checkbox"/> Do something familiar
<input type="checkbox"/> Perform regularly scheduled work	<input type="checkbox"/> Try something new

[illegible]

8. Background checks

Any volunteer wishing to volunteer will need to undergo a Protection of Vulnerable Groups (PVG) check via Disclosure Scotland. Are you willing to submit your name for vetting if offered a volunteer role?

☐ Yes ☐ No

9. References

Please provide us with the names of two people over the age of 18, not related to you, who can provide you with references. One **must** be a former/current colleague, employer or anyone else who would be able to comment on your suitability for the volunteer role.

1. **Name:** _____

Address: _____

Tel. No: _____

Relationship: _____

2. **Name:** _____

Address: _____

Tel. No: _____

Relationship: _____

I declare that the information given on this form is complete and correct to the best of my knowledge and that I understand inaccurate or false information given may result in an offer of volunteering being withdrawn

Signature: _____ **Date:** ____ / ____ / ____

Thank you for completing this application form.

Please return to hello@haemophilia.scot or Haemophilia Scotland, The Eric Liddell Centre, 15 Morningside Road, Edinburgh EH10 4DP.