Volunteering Application

PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION FORM

Please read our Guidance Notes before completing this form.

Completed forms should be emailed to: jobs@samh.org.uk

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| Personal Details |  |
| Volunteer Role:  | Volunteer Reference Number |
| First Name: |  | Last Name: |  |
| Title: (Mr, Mrs, Ms, Miss, Other) |  |  |
| Home address: |  |
| Post code: |  |
| Telephone number: |  | Mobile number: |  |
| Email: |  |
| Do you have a full driving licence? Y/N |  |
| Do you have a relative working for SAMH? Y/NPlease note that it is SAMH policy not to employ relatives within the same service or line management reporting. |  |
| If yes, please provide details: |  |

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| Why you would like to volunteer with SAMH? |  |
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| Tell us what skills and experience you can bring to a volunteer role |
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| What do you think you will gain from volunteering with SAMH? |
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| Please let us know how often you would like to volunteer  |  |
| 1 day a month [ ] 1-2 Days each month [ ] 3 or more days each month [ ] One day a week [ ] 1-2 Days per week [ ] 3 or more days per week [ ]  |

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| Please let us know when you would be able to volunteer |

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| Monday am [ ]  pm [ ] Tuesday am [ ]  pm [ ] Wednesday am [ ]  pm [ ] Thursday am [ ]  pm [ ] Friday am [ ]  pm [ ] Saturday am [ ]  pm [ ] Sunday am [ ]  pm [ ]   |

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| References |

All our volunteers are required to provide 2 references.

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| First referee details |
| Referee’s full name: |  | Referee’s Tel No: |  |
| Referee’s job title: |  |
| Email address: |  |

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| Second referee details |
| Referee’s full name: |  | Referee’s Tel No: |  |
| Referee’s job title: |  |
| Email address: |  |

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| Adults with Incapacity (Scotland) Act 2000 |

The Adults with Incapacity (Scotland) Act 2000 is a significant piece of legislation in the Protection of Vulnerable Adults (POVA). SAMH is committed to ensuring the safety and protection of vulnerable adults by integrating strategies, policies and services relevant to prevention and protection from abuse within the Act.

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| Have you ever been convicted of any form of abuse? | Yes [ ]  No [ ]  |
| Have you ever been interviewed in connection with or been the subject of any investigation or enquiry into abuse or other inappropriate behaviour? | Yes [ ]  No [ ]  |

If you have answered yes to any of the questions above, please provide the following details:

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| --- | --- | --- | --- |
| Date | Court (if applicable) | Details of Offence/Enquiry | Penalty imposed and Outcome |
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| Data Protection  |

SAMH will use the information you provide in this application pack for the purpose of processing your application and monitoring the volunteer selection process. If your application is successful SAMH will process your information for the purpose of facilitating your volunteering with SAMH (for example, sharing information you provide with statutory bodies including the Care Inspectorate, Disclosure Scotland and the Department of Work and Pensions as required by legislation).

The information you provide in this pack will be stored securely and will not be retained longer than necessary. Unsuccessful applications will not normally be kept for longer than a year. You have a right to access the information that SAMH holds on you. If you would like to do this, please contact the HR Department. For further information about our processing under Data Protection please refer to the Guidance Note.

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| Declaration |

I certify that the information I have declared in this application form and any attachments are true and correct. I have not withheld any information which may affect my application for volunteering.

I understand the data contained in this application, together with information supplied by referees and/or relevant third parties, (which may include sensitive personal data) will be used and processed for legitimate purposes connected with recruitment and selection of volunteers, and that the information may be verified by SAMH, in accordance with Data Protection legislation.

**By completing your name below and emailing the application form, this will be accepted as your signature.**

|  |  |  |  |
| --- | --- | --- | --- |
| Print name: |  | Date: |  |

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