

COMMUNITY SERVICES VOLUNTEER APPLICATION FORM



IN CONFIDENCE

Please complete in **BLOCK CAPITALS**

Name: _____ Tel No(s): _____ (Day)
Address: _____ (Eve)

Mobile: _____
Postcode: _____ E-mail: _____

By supplying your email address you agree CHSS may contact you about our work. Whenever possible, we will use email to contact you rather than post, as it helps us minimise costs.

1. How did you hear about Chest, Heart and Stroke Scotland?

2. Please state why you are interested in volunteering with us?

3. Do you have any particular skills/experience/education training that would be relevant to this type of voluntary work?

4. When are you available to volunteer? Please specify days and times of the week that are suitable:

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
9.00 – 12.00	9.00 – 12.00	9.00 – 12.00	9.00 – 12.00	9.00 – 12.00
1.00 – 4.00	1.00 – 4.00	1.00 – 4.00	1.00 – 4.00	1.00 – 4.00
Eve	Eve	Eve	Eve	Eve

5. Is there any other relevant information that you feel we should know at this stage including your hobbies and interests?

6. It is organisational policy to request two personal references on your suitability to volunteer with Chest, Heart and Stroke Scotland. We would be grateful if you could please provide the details of two referees below (not relatives):

Name:	Name:
Address:	Address:
Postcode:	Postcode:
Tel No:	Tel No:
In what capacity do you know this person:	In what capacity do you know this person:

Volunteering roles within Chest, Heart and Stroke Scotland will require a Disclosure check. This will only be sought with your consent at the final stage of the recruitment process for successful applicants. Further information is available from the Shop Manager, Regional Manager or Volunteer Development Manager.

Please sign and date below:

Signed **Date**

And return to:

Volunteer Development Manager Chest Heart & Stroke Scotland Rosebery House 9 Haymarket Terrace EH12 5EZ

Thank you for completing this form. We will be in touch as soon as possible.



Administration Information:

Line Managers Name	
Region	
Date application received	
Date application processed	
Date of interview	
Date references requested	
Date 1 st reference received	
Date 2 nd reference received	