



JOIN US

**Volunteer application form
strictly confidential**

PLEASE COMPLETE IN CAPITAL LETTERS

Volunteer Role Applied For

.....

Contact Details

Title Mr/Mrs/Miss/Ms/Dr/Rev/Other

Telephone (home)

.....

First name

.....

Telephone (work)

.....

Last name

.....

Mobile

.....

Preferred name

.....

Email

.....

Male

Female

.....

.....

Address

In an emergency who would you like
us to contact?

Name

.....

.....

Relationship

.....

.....

Contact Number

.....

Postcode

.....

.....

Please tell us about your skills and experience

Please tell us about any work and your volunteer experience that you think would be relevant. For example, do you use a computer, do you drive, are you able to travel, are you good at organising; are you working full-time or part time, are you seeking employment, retired or in full-time or part-time education?

You can also use this space to tell us about a cancer experience that you or your family have gone through and/or what you wish to gain from volunteering with us.

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How much time can you offer us?

		AM	PM
Short term	Monday	<input type="checkbox"/>	<input type="checkbox"/>
	Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
.....	Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Open-ended	Thursday	<input type="checkbox"/>	<input type="checkbox"/>
	Friday	<input type="checkbox"/>	<input type="checkbox"/>
.....	Saturday	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

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Is there anything we need to know about your health?

Meeting your needs: if you require additional support or equipment, please tell us so that we can plan to meet your requirements.

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How did you hear about volunteering with Renfrewshire Leisure?

(Please circle)

From a Volunteer

.....

Poster/Leaflet

.....

Macmillan Website

.....

Word of mouth

.....

Media

.....

Other (please specify)

.....

.....

References

Please provide two references from people who can comment on your experience and your suitability to volunteer with Renfrewshire Leisure. Ideally these should be people you have worked for (either as a volunteer or as an employee) and neither should be a relative.

1. Name

.....

Address

.....

.....

Email

Telephone

.....

2. Name

.....
Address

.....

.....
Email Telephone

.....

I can confirm that the information give on this form is, to the best of my knowledge, accurate. I agree to abide by the rules and the values and behaviours of Renfrewshire Leisure.

Confidentiality Agreement

I understand that my tasks with Renfrewshire Leisure may involve issues and situations of a sensitive nature and I agree to maintain confidentiality at all times. I give my consent for Renfrewshire Leisure to process the information given in accordance with the Data Protection Act 1998.

Signature Date

.....

All information will be held by Renfrewshire Leisure in a confidential manner.

Thank you very much for your interest in volunteering with Renfrewshire Leisure

Please return the completed application form to:

The Macmillan Team
Central Library
Paisley
PA1 2BB
Tel:
Email: macmillan@renfrewshire.gov.uk

Equality Monitoring Section

This information is solely for monitoring purposes and will not be taken into account during the selection process.

Age	
Under 15	
15 to 24	
25 to 44	
45 to 64	
65 and over	
Prefer not to answer	

Sex	
Male	
Female	
Prefer not to answer	

Sexual orientation	
Which of the following best describes how you think of yourself?	
Bisexual	
Gay	
Heterosexual/straight	
Lesbian	
Other	
Prefer not to answer	

Gender re-assignment	
Do you or have you ever considered yourself to be transsexual?	
Yes	
No	
Prefer not to answer	

Race	
White	
Scottish	
Other British	
Irish	
Gypsy/traveller	
Polish	

Mixed or multiple ethnic groups	
Pakistani, Pakistani Scottish or Pakistani British	
Indian, Indian Scottish or Indian British	
Bangladeshi, Bangladeshi Scottish or Bangladeshi British	
Chinese, Chinese Scottish or Chinese British	
African, African Scottish or African British	
Caribbean, Caribbean Scottish or Caribbean British	
Black, Black Scottish or Black British	
Arab, Arab Scottish or Arab British	
Other ethnic group	
Prefer not to answer	

What religion, religious denomination or body do you belong to?	
Buddhist	
Church of Scotland	
Hindu	
Jewish	
Muslim	
None	
Other Christian	
Pagan	
Roman Catholic	
Sikh	
Prefer not to answer	

Disability		Marriage and civil partnership		Pregnancy and maternity – are you?	
Do you regard yourself as having a disability or additional support needs?		Single		Pregnant	
Yes		Married/civil partnership		Not pregnant	
Registered disabled		Living with partner		Prefer not to answer	
If so, please specify		Divorced			
		Separated			
No		Widowed			
Prefer not to answer		Prefer not to answer			