

**VOLUNTEER
APPLICATION FORM**



PLEASE PRINT CLEARLY

Name:

Holiday code applying for.....

Current Address:

Term Address (if applicable):

.....

.....

.....

.....

..... **Post Code**

..... **Post Code**

From:

From: To:

Telephone No(s):

Mobile:.....

E-mail:

Date of Birth:

Occupation

Which church do you attend:

Have you been on a Reality team before?

If so, please indicate location(s)/year(s):

Travel/Transport:

I intend to use a car for Reality activities and I enclose a copy of my driving licence Yes / No

I am willing to drive a minibus (with correct licence, min age 25, 3 years driving experience) Yes / No

(For minibus driver: Please enclose both parts of your driving licence, which will be returned to you promptly)

How did you hear about Reality?

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Why do you want to be a volunteer with Reality?

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What previous Youth Work Experience do you have?

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Highlight the important points of your Christian faith

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How do you seek to maintain and develop your relationship with God?

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What do you see as Reality's part in church mission?

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What do you think are some of the difficulties young people in disadvantaged situations face?

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TRAINING

Prior to volunteering with us, training will be given. Our core training programme includes:

- ❖ Dealing with Difficult Behaviour
- ❖ Spiritual Perspective in Working With Disadvantaged Young People
- ❖ Implementing Appropriate Rules and Sanctions
- ❖ Ensuring Good Child Protection.
- ❖ The Role of Supportive Relationships With Disadvantaged Young People.

Give details of any relevant qualifications you hold, e.g. First Aid, Health & Hygiene, etc.

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Give details of any other relevant interests, skills, experience or voluntary work which you think may be useful.

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Is there any other area you would appreciate training in? (Please specify)

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HEALTH

Under recent regulations* we are required to gather information about the health of applicants. Information is required to your general state of health. Have you had any serious illnesses over the past five years, any hospital admissions made over the past two years or any current medical treatment or medication? **(All accepted Applicants are required to complete the Health Form attached to this application form.)**

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(*Children’s Act 1989, Children Scotland 1995 and recommendations from Cullen enquiry)

DISCLOSURE OF CRIMINAL CONVICTIONS

Rehabilitation of Offenders Act 1974

The REHABILITATION OF OFFENDERS ACT 1974 allows people who have been convicted of certain criminal offences to regard their conviction as ‘spent’ after a lapse of a period of years. This means that no reference need be made to the conviction or circumstances relating to it.

However, applicants who work with us are exempt by virtue of the REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS) ORDER 1975 and you are required **NOT** to withhold information about convictions ‘spent’ under the provisions of the Act.

In completing this section, you are asked if you have any convictions for criminal offences. Please note that for the purpose of working with us, you are required to give details of all criminal convictions you have.

1. Have you been convicted of any criminal offences? YES NO

2. If yes, please give details of the conviction(s) and the date(s)

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3. If you have a case pending please give details

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All applicants accepted for volunteering will also be required to complete a Scottish Criminal Records Office form.

Name of Two Referees:

One of these should be from someone who knows your suitability for working with children/young people and one from someone who can comment on your Christian Faith, normally your pastor/minister. One referee only required from those who served on a Reality team last year)

First Referee:

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Post Code:

Telephone Number:

Relationship to you

Second Referee (for 1st time applicants):

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Post Code:

Telephone Number:

Relationship to you

Once we have received your written references, it is our policy to follow these up by telephone. We will then contact you to arrange a follow-up meeting.

I certify that all the information given in this form is, to the best of my knowledge, accurate and I know of no reason why I would not be suitable to work with children and young people in this capacity.

Signed:

Date:

PLEASE ENCLOSE WITH THIS FORM

(For ID purposes only)

- A photocopy of two documents which confirm your name and present address (Gas Bill, Driving Licence etc.)
- Two passport-sized photographs
- Photocopy of driving licence
- Photocopy of passport
- Photocopy of Birth Certificate

Please return this form to:
Reality Dean House 65 Kirkintilloch Road Lenzie G66 4LD

CONFIDENTIAL



VOLUNTEER'S HEALTH FORM

Holiday Code.....

Name:

Date of Birth:

Address:

Next of Kin.....

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Address.....

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Phone:

Phone:

Family Doctor:

Phone:

Surgery:

Do you suffer from any medical condition which requires treatment or medicine? (eg. Asthma, Diabetes, Epilepsy, Hay Fever) Please give details:

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Do you have any allergies? Please give details:

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Are your vaccinations up to date?

Tetanus: Yes

No

Don't Know

Hep C: Yes

No

Don't Know

Please advise the office of any illness you have had in the two weeks before the holiday activity.

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Do you suffer from or have you been treated for any mental illness (including depression) over the last five years?

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Do you have any special dietary requirements?

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Any other relevant information?

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I consent to receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities. Yes No

Signed Date

The information contained in this form will be treated in confidence. However, please note that in certain circumstances it may be necessary for us to contact your GP for further information.