

# UNDER 18 VOLUNTEER APPLICATION FORM



## PLEASE PRINT

Name: .....

Current Address:

.....

.....

..... Post Code .....

Telephone No(s): .....

Mobile: .....

Occupation .....

Which church do you attend: .....

Holiday Code Applying For .....

**OR**

Date of Holiday .....

*(Leave blank if you are unsure right now)*

Date of Birth: .....

E-mail: .....

## PERSONAL INFORMATION

Have you been on a Reality team before?

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

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, if any, previous Activity Holiday or Youth Work Experience do you have?

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**Do you have any previous volunteer experience? If so, where and when?**

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**What would you say is most important to you in your life? (Such as values, goals, people, etc.)**

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**What do you think are some challenges young people from disadvantaged backgrounds might face?**

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**TRAINING**

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

- ❖ Dealing with Challenging Behaviour
- ❖ Supporting Disadvantaged Young People
- ❖ Child Protection Procedures.

**Give details of any relevant qualifications you hold, e.g. First Aid, Health & Hygiene, etc. (YOU DO NOT NEED ANY QUALIFICATIONS TO COME ON A REALITY CAMP – WE WILL TRAIN YOU)**

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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 like training in? (Such as First Aid, Health & Hygiene, etc.) (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 will be required to complete a more detailed Health Form prior to the event.)

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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 REFERENCES:**

One of these should be from someone who knows you in a professional sense. This may be a teacher or tutor, an employer or supervisor, your church minister, a youth worker, a volunteer work supervisor, etc. Whomever you choose, they should be able to comment on your work ethic and personality.

Your second reference can be a character reference, ideally who has known you for some time. **PLEASE DO NOT USE FAMILY MEMBERS AS REFERENCES.**

**First Referee:**

Name:.....

Address .....

.....

Post Code: .....

Telephone Number: .....

Relationship to you .....

**Second Referee:**

Name:.....

Address:.....

.....

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 THE FOLLOWING WITH THIS FORM  
(For identification purposes only)**

- A photocopy of two documents which confirm your name (or your parent's) and present address (Gas Bill, Driving Licence etc.)
- Two passport-sized photographs
- Photocopy of **ONE** of the following:
  - Birth Certificate
  - Passport
  - Youngscot Card ([www.youngscot.org](http://www.youngscot.org) to apply if you wish)
  - Provisional or Full Driver's Licence
  - Bank or Switch Card
  - University or College Student Card

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