



**CONFIDENTIAL**

**APPLICATION FOR VOLUNTEER ROLE**

**Please complete the form clearly and in black ink**

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**PERSONAL DETAILS:**

Name

Address

Postcode

Telephone number (day)

Telephone number (eve)

Mobile number

E-mail address

(only provide your evening telephone number, mobile phone number and e-mail address if you happy to be contacted using this information)

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**EMPLOYMENT AND OTHER RELEVANT EXPERIENCE**

If currently employed please provide the following details:

Name of Employer:

.....

Job Title:

.....

Do you work full time ( ) or part time ( )

Would you mind being telephoned at work

.....

Business contact number:

.....

If you are not employed are you?

Retired ( )

Unemployed ( )

Other ( )

Please state

.....

How did you hear about Volunteering with Sight Action?

Volunteer Centre ( )

Word of mouth ( )

Poster/Leaflet ( )

Media ( )

Prior knowledge ( )

Please provide details of any previous or current volunteering role and highlight any experiences which relate particularly to the area in which you are interested.

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.....

What skills and qualities do you consider you could bring to volunteering with Sight Action?

.....  
.....  
.....

Please tell us of any hobbies or interests that you have?

.....  
.....  
.....

AVAILABILITY

When would you be available to start volunteering?

How many hours a month would you like to do?

When would you be available to volunteer?

Days of the week (including weekends)

.....  
.....

We currently have opportunities for people to volunteer in the following:

- |                         |                               |
|-------------------------|-------------------------------|
| Fund raising ( )        | Befriending ( )               |
| Tape Library ( )        | Providing One off support ( ) |
| Assisting with I.T. ( ) | Walking Group ( )             |
| Newsletter Editor ( )   | Resource Centre Assistant ( ) |
| Driving ( )             | Sighted Guiding ( )           |

Talking book service ( )      Gardening ( )  
Promotional work ( )      Fund raising

Can you please tick the opportunity/opportunities that you are interested in finding out more about

Times of the day

Mornings  
(please specify the times)

Afternoons  
(please specify the times)

Evenings  
(please specify the times)

.....

Are you available during school holidays?

Are there any other times of the year when you are not available?

.....

Thank you for taking the time to complete this form and Sight Action will be in touch with you as soon as possible

Sarah Shaw  
Volunteer Coordinator  
Beechwood House  
69 – 71 Old Perth Road  
IV2 3JH

01463 233663  
07788423086

## REFERENCES

Please provide details of 2 people (not relatives) who are willing to act as referees and who have known you for at least 1 year.

Please note that we will contact these people on receipt of this form unless you say otherwise.

1) Name

Address

.....

Postcode

.....

Telephone

2)Name

Address

.....

.....

Postcode

.....

Telephone

.....

All volunteer information is kept confidential within the organization. Sight Action is registered under the data protection act, which permits the storage of information in computer/manual files and you are entitled to access any information held about yourself. This information is used during your involvement with Sight Action for the purposes of matching volunteers to opportunities or people, sending newsletters and updated information.

If you have any objections about your information being kept please inform the Coordinator immediately.

Information will be kept for the duration of your voluntary service. When a volunteer leaves information will be destroyed within two months unless the volunteer requests that we keep the data for future reference purposes.

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Date entered on database .....

References obtained .....

Disclosure received .....