

Volunteer Application Form

1. What type of volunteering would you like to do?

- Winter Destitution Surgery
- Reception Work
- Casework assistance
- Helping generally in the office
- Something else

2. Personal Details

Name: _____ Address: _____
Post Code: _____ Daytime tel: _____ Mobile No: _____

Emergency contact details

Name _____ Relationship to you _____
Home no _____ Mobile no _____

3. Please outline the type of volunteer work that you are seeking and/or the skills you are willing to offer?

4. Why would you like to volunteer with us and what are you hoping to gain out of the experience?

5. Please tell us about your previous volunteer or work experiences

6. Education/Training/other languages

If you speak another language fluently, would you be willing to act as a volunteer interpreter?

7. Availability:

When would you be available to volunteer?

- Part-time (please specify)
- Full-time (9.30 am to Monday to Friday)
- Mornings only
- Afternoons only
- Evenings only
- Weekdays only
- Flexible – I am not tied to any regular commitments

When would you be UNavailable to volunteer?

How many days/hours per week would you prefer to volunteer?

8. References:

Please give the names and addresses of two referees. These must not be family members.

1.

2.

Capacity in which known to you.

Capacity in which known to you.

9. Agreement:

I hereby certify the information provided is true and accurate to the best of my knowledge. I agree to respect and abide the policies and procedures of Positive action in Housing.

Signed (type your name here to confirm your agreement)

Date

Thank you for completing this application form

Please email in strictest confidence to: home@paih.org
Positive Action in Housing Ltd
98 West George Street Glasgow G2 1PJ

Equal Opportunities Information

Positive Action in Housing Ltd wants to reflect the diversity of its service-users and the wider community at all levels of the organisation, from committee membership, recruitment and selection to volunteering and service provision. The latest monitoring information can be found in our annual report at www.paih.org. Please help us to ensure that we are achieving this aim our by completing this form and returning it with your application form. Please note that no information from this form will be used in the assessment of your application – it is purely for monitoring purposes.

Where did you hear about us?	
Gender	Male/Female
Do you consider yourself to have a disability?	
How would you describe your ethnic origin? <i>(Ethnic origin refers to members of an ethnic group who share the same cultural background and identity)</i>	