



Working for  
the Community

34 Shore Street  
Macduff  
Aberdeenshire  
AB44 1TS  
Tel: 01261 832264

## Volunteer Application Form

### Personal Contact Info

Title: ..... Forename: ..... Surname: .....

Address: .....

Postcode: .....

Telephone No: ..... Mobile No: .....

Email Address: .....

### Availability

Deveron District Age Concern volunteers work either a morning shift (9am – 12.30pm) or an afternoon shift (12.30pm – 4pm) Monday to Friday, or a Saturday a shift (10am-1pm).

Please indicate your availability below:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						

Do you require a work permit to work in the UK? .....

### Qualifications and Training

Relevant Training and Qualifications (*Including Dates*): .....

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

Work Experience

**Present or Most Recent Employment (*Including Dates*):** .....

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

**Give a Summary of Duties and Responsibilities:** .....

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.....  
.....

Additional Info

**Please give a short statement about why you would like to become a volunteer for Deveron District Age Concern.**

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.....  
.....

**Do you require any special arrangements to be able to attend an interview or to work as a volunteer due to a disability or medical needs?** .....

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

Referees

Please give the names and addresses of two referees and state in what capacity they know you. e.g. personal, professional. (Please include a previous or current employer if possible).

Name: .....

Name: .....

Address: .....

Address: .....

.....

.....

.....

.....

Telephone No: .....

Telephone No: .....

How long have you known referee: .....

How long have you known referee: .....

.....

.....

Capacity in which reference given: .....

Capacity in which reference given: .....

.....

.....

Do you have or have you ever had a Criminal Record? .....

Declaration

I declare that to the best of my knowledge, the information contained in this form is accurate and that I consent to the details being retained confidentially and used for specific and lawful purposes as specified in the Data Protection Act 1998.

I consent to Deveron District Age Concern making checks by contacting the named persons given as referees and understand that an offer of a position may be determined by the results of these checks.

Signature: .....

Date: .....



Completed applications can be returned by post or handed in at our shop: 34 Shore Street, Macduff, Aberdeenshire, AB44 1TS.