

St.John's Boomerang Project

Volunteer Application Form



Name			
Address			
		DOB	
Postcode		Tele	

Post Applied For		Date	
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Where did you hear about us?

Why are you interested in volunteering for Boomerang

What personal qualities and abilities would you bring to Boomerang, this may include any experience, qualifications or achievement that might have a positive impact on your volunteering at Boomerang

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When are you available to Volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
EVENING							

Do you have any illness/Disability you would like us to take into account?

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Referees

Referee 1

Name:			
Address			
Postcode			
Telephone			
Relationship to you			
How long have you known them			
Can we contact them?	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Referee 2

Name:			
Address			
Postcode			
Telephone			
Relationship to you			
How long have you known them			
Can we contact them?	<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No
Yes	No		

Rehabilitation of Offenders

All posts within the organisation are subject to Disclosure Scotland. Only sign this form if you agree to this being carried out.

I declare that the information on this application form is true and accurate.

Signature	
Date	

Return this form to

**Boomerang,
110 Albert Street,
Dundee
DD4 6QN**

Equal Opportunities Monitoring

Please complete the following details, to allow us to monitor equality of opportunity in employment. The information will be detached from the application form, and held anonymously on computer, and will be used for statistical purposes only.

Where did you see this Job/Opportunity advertised

Are you applying for a permanent position? Yes No

Are you applying for a volunteer position? Yes No

What is your ethnic group ?

White

Scottish English
 Irish Welsh
 Other

Asian

British Indian
 Pakistani Bangladeshi
 Chinese
 Other

Black

British Caribbean
 African
 Other

What religion, religious denomination or body do you belong to?

None

Church of Scotland Catholic
 Other Christian
 Buddhist Hindu
 Jewish Muslim
 Sikh

I am Male

Female

Married

Civil Partnership Other

Do you consider yourself to have a disability? Yes No
 (If you answered Yes please specify)

Physical or Motor impairment Mental Health Issue
 Hearing issues Learning Disability
 Other disability Visual Impairment

My age band is:-
 16-25 26-35 36-45
 46-55 56-65 65+