Volunteer Application Form IN CONFIDENCE

Name:		Tel No(s):	(Day)	
Add	dress:		(Eve)	
		E-mail:		
1.	How did you hear about t	the Ardler Village Trust?		
2.	Please state why you are	e interested in volunteering with us?		
3.	Do you have any partic relevant to this type of v	cular skills or experience that you oluntary work?	feel would be	
4.	When are you available to volunteer? Please specify days of the week that are suitable and indicate what times you would be available.			
	Monday	Thursday		
	Tuesday	Friday		
	Wednesday	Saturday		

5.	Is there any other relevant information that you feel we should know at this stage?			
6.	Please give the names, addresses and telephone numbers of two referees who would be willing to comment on your suitability as a volunteer with us (not relatives).			
	Name:	Name:		
	Address:	Address:		
	Tel No:	Tel No:		
	In what capacity do you know this person?	In what capacity do you know this person?		
	Do you have any Criminal Conviction No.	ons, spent or otherwise (Please ring)		
8.	vulnerable adults to encourage the experience. This will require all sundertake a Disclosure (police cl	rolunteering roles for young people and neir development and provide a rewarding taff working alongside these volunteers to neck). This will only be sought with your recruitment process. Further information the Manager.		
Plea	ase sign and date below:			
	Signed:	Date:		
Gilli Ard 95	urn to ian Lochhead, Manager Ier Village Trust Turnberry Avenue 2 3WN			

Thank you for completing this form. We will be in touch as soon as possible.