

MOVE MORE EAST LoTHIAN

VOLUNTEER APPLICATION FORM

Many thanks for your interest in volunteering with Move More East Lothian. Please complete this form so we can match you with suitable roles. If you have any questions, please get in touch.

Your Details

Please provide us with your contact information

Title	First name	Surname
Address		Postcode
Phone	Mobile	
Email		
Your age group (please tick)		
Under 18 <input type="checkbox"/> 18 – 44 <input type="checkbox"/> 45 – 64 <input type="checkbox"/> 65+ <input type="checkbox"/>		
Employment status		
Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/>		
Other <input type="checkbox"/>		
Are you an enjoyleisure employee?		Yes <input type="checkbox"/> No <input type="checkbox"/>
How did you find out about volunteering with enjoyleisure?	<input type="checkbox"/> Through a friend <input type="checkbox"/> Via volunteer centre <input type="checkbox"/> Through a volunteer <input type="checkbox"/> A family member <input type="checkbox"/> Online <input type="checkbox"/> Other (Please specify)	
Do you have access to a car?	

Please tell us about any previous experience or attributes that might help you in the volunteering role. This can be previous employment, voluntary work, skills, interests, your personality or other experience.

Details	Dates (if relevant)

Please use this section to tell us about any education, qualifications or training you feel are relevant to your application

Details	Dates (if relevant)

Why do you want to volunteer for Macmillan Move More East Lothian? *
Please select from the list

- | | | | |
|--------------------------------|--------------------------|---|--------------------------|
| To support other people | <input type="checkbox"/> | To meet new people or make new friends | <input type="checkbox"/> |
| It keeps me active/busy | <input type="checkbox"/> | It allows me to learn new skills and gain valuable experience | <input type="checkbox"/> |
| It's something enjoyable to do | <input type="checkbox"/> | I was asked to volunteer by a friend or family member | <input type="checkbox"/> |

Please use the space below to give us details of any disabilities or other health issues (e.g. back problems, allergies) you have to ensure we make appropriate adjustments to better support you in your role.

When can you help us?

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

Which volunteer role interests you?

Macmillan Move More Walk Leader <input type="checkbox"/>	Macmillan Move More Gentle Movement instructors <input type="checkbox"/>	Macmillan Gardening Volunteer <input type="checkbox"/>
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References

Please provide details of two referees who are not directly related to you and have known you for at least two years. This could be a previous manager, coach, landlord, teacher, tutor or enjoyleisure employee.			
Referee 1		Referee 2	
Name		Name	
Address		Address	
Postcode		Postcode	
Phone		Phone	
Email		Email	
Relationship to you		Relationship to you	

If you're unsure, or would like to find out about Macmillan volunteering opportunities that don't require a reference, please call on 0300 1000 200 or email volunteering@macmillan.org.uk.

Criminal Convictions

Have you ever had any criminal convictions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, please provide details of any unspent convictions below:		
Are you a member of a PVG Scheme?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, for which groups?	<input type="checkbox"/> Vulnerable Adults	<input type="checkbox"/> Children
	<input type="checkbox"/> Both	
What is your PVG Scheme number?		
Volunteering roles with children, young people and vulnerable adults will require you to undertake a PVG check. Please tick this box to confirm you understand and consent to a PVG check <input type="checkbox"/>		

Declaration

Your details will be kept in accordance with the Data Protection Act 1998/2003 and the General Data Protection Regulation (GDPR) 2016. They will be held securely and confidentially.

I declare that the information I have provided on this application is true and accurate

PRINT NAME

Signature

Date

Please note, you can return this form by email without signing the declaration. In this case, please print your name and the date you completed the form and we will ask you to sign the form at the interview stage of the application process.

Please return the completed application form to:

Move More East Lothian
enjoyleisure
 Head Office
 Musselburgh Sports Centre
 Musselburgh, EH21 7AS

Or email:

movemore@enjoyleisure.com

If you require any assistance completing this form, or for any further information about volunteering with enjoyleisure, please contact us on 0131 653 5264

Thank you very much for your interest in supporting Macmillan Move More East Lothian.

For office use only:

Risk assessment/PVG Checklist completed	<input type="checkbox"/>	References collected	<input type="checkbox"/>
Volunteer core training completed	<input type="checkbox"/>	Volunteer induction date:	
Role specific training completed	<input type="checkbox"/>	Disclosure Scotland/PVG Membership No (if applicable):	

Equal Opportunities Monitoring

enjoyleisure is committed to providing a high quality service to everyone. It helps us if we know a bit about the people who are volunteering with us. Completion of this short equal opportunities form is completely voluntary - the information you provide will be anonymous and used only to help us improve our services in future.

1. Are you male or female

- Male Female Prefer not to say

2. What was your age on your last birthday?

3. Do you consider yourself to have a disability?

The Equalities Act 2010 defines disability as a physical or mental impairment, which has a substantial long-term adverse effect on a person's ability to carry out normal day to day activities.

- Yes No Prefer not to say

If yes, please give details:

4. What is your faith / belief / religion?

- | | | |
|-----------------------------------|--|---------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Sikh | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Other |

5. What is your marital status?

Married? Yes No

Living with Partner/Spouse? Yes No

6. What is your ethnic group?

a. White

- Scottish Irish English Welsh Other

b. Black (Black Scottish, Black Irish, Black English, Black British)

- Caribbean African Other

c. Asian (Asian Scottish, Asian English, Asian Welsh, or other Asian British)

- Indian Pakistani Bangladeshi Other
-

d. Chinese (Chinese Scottish, Chinese English, Chinese Welsh, or other Chinese British)

- Chinese Other
-

e. Mixed Race (please write below)

f. Other ethnic background (please write below)
