**See Me Volunteer**

**Application Form**

**VOLUNTEER APPLICATION FORM**

**PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION FORM:**

**Email:** [**volunteer@seemescotland.org**](mailto:volunteer@seemescotland.org)

**Or**

**Post: Brunswick House, 51 Wilson Street, Glasgow G1 1UZ**

Please see details of volunteer roles on our website: [www.seemescotland.org](http://www.seemescotland.org)

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| **Volunteer Role Applied For** |
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| **First Name:** | **Last Name:** |
| **Home Address:**  **Post Code:** | |
| **Contact No:** | |
| **Email:** | |

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| **Protection of Vulnerable Groups (Scotland) Act 2007** |

Are you a member of the PVG Scheme YES  NO

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| --- | --- |
| **Membership Number** |  |

**Do you consider yourself to have a lived experience of a mental health condition?**

YES  NO  PREFER NOT TO SAY

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| **Why do you want to volunteer with See Me?** |
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| **Tell us about your experience/skills/education/training (please refer to the relevant Role Description – if appropriate - and give as much detail as possible)** |
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| **Is there any information you feel would be useful for us to know in order to be able to support you in your volunteering role?** |
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| **Are there any particular skills you would like to develop by volunteering with See Me?** |
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# When are you available for volunteering? (Please tick all that apply.)

Monday day  evening

Tuesday day  evening

Wednesday day  evening

Thursday day  evening

Friday day  evening

Saturday day  evening

Sunday day  evening

See Me cannot guarantee regular times or availability of any of our volunteering roles, but we will endeavour to work flexibly and considerately with our volunteers, giving as much notification of volunteering opportunities as we possibly can.

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| **References** |

Before we engage volunteers it is our policy to seek two references. Please give us details of your referees below. We might ask for additional references if necessary.

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| --- | --- | --- | --- |
| **First Referee Details** | | | |
| **Referee Full Name:** | **Job Position/relationship:** | | |
| **Email Address:** | **Tel No:** | | |
| **Full Address:**  **Post Code:** | | | |
| **May we approach prior to interview?** | | **Yes** |  |
|  | | **No** |  |

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| **Second Referee Details** | | | |
| **Referee Full Name:** | **Job Position/relationship:** | | |
| **Email Address:** | **Tel No:** | | |
| **Full Address:**  **Post Code:** | | | |
| **May we approach prior to interview?** | | **Yes** |  |
|  | | **No** |  |

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| **The Data Protection Act 1998** |

At See Me we value your support and promise to respect your privacy. The data we gather and hold is managed in accordance with the Data Protection Act (1998) and will be used by See Me to support you in your volunteer role and keep you updated with volunteering opportunities.

For evaluation purposes we share a record of your volunteering activities with See Me’s research and learning team at the Mental Health Foundation. This is used solely to evaluate the impact of our programme. We will not disclose, or share, any other personal information supplied by you with any third party organisation without your consent.

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| **Adults with Incapacity (Scotland) Act 2000** |

### The Adults with Incapacity (Scotland) Act 2000 is a significant piece of legislation in the Protection of Vulnerable Adults (POVA). See Me is committed to ensuring the safety and protection of vulnerable adults by integrating strategies, policies and services relevant to prevention and protection from abuse within the Act.

### You are required to declare prior abuse convictions and whether you are currently or have ever been subject to any investigation or enquiry into abuse or other inappropriate behaviour.

Please declare: YES  NO

### Have you ever been interviewed in connection with or been the subject of any investigation or enquiry into abuse or other inappropriate behaviour?

YES  NO

If you have answered yes to any of the questions above, please provide the following details:

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| --- | --- | --- | --- |
| **Date** | **Court (if applicable)** | **Details of Offence/Enquiry** | **Sentence/Outcome** |
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Please continue on an additional sheet(s) if required, remembering to include your name at the top.

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| Rehabilitation of Offenders Act 1974 |

The provisions relating to the non-disclosure of criminal convictions do not apply to certain roles. The volunteer position for which you are applying may be included in the excepted type of employment under the Rehabilitation of Offenders Act (Exceptions) 1974 order 1975. Please answer the following questions, read carefully and sign the declaration below.

Have you ever been convicted of any criminal offence(s) currently and/or do you have any criminal charge(s) pending.

YES  NO

If you have answered yes to any of the questions above, please provide the following details:

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| --- | --- | --- | --- |
| **Date** | **Court (if applicable)** | **Details of Offence/Enquiry** | **Sentence/Outcome** |
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| **Declaration** |

I certify that all the information contained in this form and any attachments are true and correct to the best of my knowledge. I realise that false information or omissions may prevent me from volunteering with See Me. I agree to the information (which may include sensitive personal data) being used for legitimate purposes connected with recruitment and selection, including PVG Scheme membership if applicable for the role.

**Signature:**

**Print Name: Date:**