



Volunteer Application Information

Name:	Preferred method of contact: phone / mobile / email*
Work Tel:	Work Address:
Mobile Tel:	
Email:	

***please circle, or delete, as appropriate**

Why would you like to volunteer for this Association?

Have you volunteered before?

Yes/No*

If yes, in what capacity?

Do you have any experience of acting as a facilitator and motivating people?

Yes/No*

Please outline any experience you have of working in the charity/social enterprise space (NB. This is not a requirement) or which makes you suitable for being volunteer.

How far from your place are you willing to travel for meetings with the organisation?

☐ up to 30 mins ☐ up to one hour ☐ 1-2 hours

What times would suit you best for meetings with the organisation (eg usual working hours/evenings etc)?

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Health and Safety

Do you have a disability or a health issue (including pregnancy) which you would like us to take into account? (If yes, please give details below) **Yes / No***

Please provide us with an emergency contact name and number* for someone we can get in touch with in case of an unlikely emergency when you are on-site at the organisation.

Name: Relationship: Number:

***This will be treated confidentially, and will be stored securely, and the emergency contact will only be contacted for that purpose.**

Please tell us how you found out about this Association

I understand that completing the application form does not guarantee a place as a volunteer, and that my participation is subject to finding a suitable match.

Signed: **Date:**
(If you are sending this form by email, please scan your name in the signature field)

Thank you for filling out this application.

by email to: Tatiana Barros edinburghlatincommunity@gmail.com

or by post to: Tatiana Barros, 8/7 New Bell's Court, Edinburgh, EH6 6RY.