ASCA Volunteer Application Form

Personal Information

Name:		
Address:		
Postcode:		
Telephone:	Home:	Work:
Mobile:		
E-mail:		
Date of Birth:		

Gender	Female ☐	Male ☐

Do you have a disability?	Yes ☐	No ☐

If 'Yes' how does this affect your ability to volunteer?

Ethnic Group

White	☐	Black	☐	Mixed	☐
Other	☐	Please specify:			

Employment Status
Please tick the box that currently applies to you:

Full Time Student ☐	Part Time Student ☐
Employed ☐	Unemployed ☐
Retired ☐	Other ☐ Please specify:

Will this volunteering be part of an education or training course that you are doing? Yes ☐ No ☐

If 'Yes' please give details:

Emergency Contacts

Name			Name	
Address			Address	
Postcode			Postcode	
Telephone			Telephone	

Referees
Please give the names and contact details of two people who can act as referees for you.

Name			Name	
Address			Address	
Postcode			Postcode	
Telephone			Telephone	
E-mail			E-mail	

As you will be working with vulnerable adults you will need to complete a criminal convictions form that will be processed by the Criminal Records Bureau. If you agree to this procedure please tick the box ☐

Please tell us what motivates you to volunteer with ASCA

Please tell us why you want to volunteer with ASCA

Please tell us about your skills, knowledge and experience

What are your views about on-going training and personal development?

Please tick the boxes that describe the type of work that you would like to volunteer at ASCA to do

Administration	☐	Counselling	☐	Fundraising	☐
Group Facilitation	☐	Listening	☐	Sitter	☐
Support	☐				
Other	☐	Please specify_____			

Please add anything else that you would like to tell us about in connection with your application to volunteer with ASCA

Signed:.....

Date: .....

Please return this form to:
ASCA, St Gabriel's Parish Centre, St Gabriel's Avenue, Newcastle Upon Tyne NE6 5QN