

Please note: This application form is for **home visiting volunteers only**. Please contact us to request a form if you are interested in any of our other volunteering positions (shop assistant, driver, events/fundraising volunteer, Recipe for Life volunteer or trustee/adviser).

Name		Address	
Home Tel No Fax No		Work Tel No Fax No	
Mobile Tel No		E-Mail address	
Date of Birth		Place of Birth	
Nationality		Ethnic Origin	
Emergency Contact Name		Emergency Contact Tel No	
Name(s) of Child/ren		Age(s) of Child/ren	
Current Employer (if applicable)		Position Held	Length of Service
REFERENCES: Please give the name and address of 2 referees (not a relative) who may be contacted by Home-Start, one of which should be a Professional e.g. previous employer, Doctor, Minister			
Referee 1		Referee 2	
Name		Name	
Address		Address	
Tel No		Tel No	

Home-Start Aberdeen

Registered in Scotland as a Company Limited by Guarantee

Registered Office: 1A Alford Place, Aberdeen AB10 1YD

Tel: 01224 693545; Fax: 01224 789646; E-mail: admin@homestartaberdeen.org.ukWebsite: www.homestartaberdeen.org.uk

Registered Company No. SC280851 • Registered Charity No: SCO12942

Please give details of your own parenting experiences

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**Please give details of any other involvement with children/families
(include any paid or voluntary work experience)**

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Why would you like to become a Home-Start volunteer?

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How did you hear of Home-Start?

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What are your hobbies and leisure interests?

Is there any other information you would like to add?

Languages Spoken and to what level	
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What type of transport would you use?		If car, do you have a current clean driving licence?	YES/NO
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What is the minimum time you could offer to Home-Start as a volunteer on a regular weekly basis?	
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When are you available to attend a course of preparation, home-visiting and on-going training sessions? Please tick.			
	Mornings	Afternoons	Evenings
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

As volunteers are in a privileged position visiting families in their own homes and have contact with young children, Home-start has a responsibility to ensure that no one becomes a volunteer who would misuse this trust. Therefore, it is essential that you complete and sign this form.

NAME: _____

Have you had any personal contact with Social Services/Social Work Dept/NSPCC/Children 1 st in connection with children in your care?	YES/NO
Do you have any medical condition (physical or mental) that could affect your work as a volunteer?	YES/NO
Have you ever been dismissed from any paid or voluntary work?	YES/NO
Under the Terms of the Rehabilitation of Offenders Act 1975, please answer the following questions.	
Have you ever been convicted of any criminal offence?	YES/NO
Are there any matters outstanding which may lead to a criminal prosecution?	YES/NO
If you answered yes to any question, please give details:	

I give permission for the Co-ordinators of Home-Start in Aberdeen to carry out a SCRO (Scottish Criminal Records Office) check for criminal convictions (once I am accepted onto the Volunteer Preparation Course) or any other checks with the Department of Health, Social Services or Department for Education. I understand that my National Insurance number may be required.

I know of no reason why I would be unsuitable to be a Home-Start volunteer.

Data Protection Act 1998: Volunteer details are stored on our computer system, purely for internal administrative purposes and are not available to other parties without the express consent of the volunteer concerned.

SIGNED: _____

DATE: _____