



Dunblane Youth & Sports Centre Trust  
Scottish Charity SC027397

## Volunteer Application Form

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

e-mail Address: \_\_\_\_\_

Emergency contact: Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Current/previous occupation: \_\_\_\_\_

Volunteer/ Job experience / Skills / Previous Voluntary Work: \_\_\_\_\_

Skills/talents: \_\_\_\_\_

Why do you wish to volunteer at the Dunblane Centre: \_\_\_\_\_

What would you like to help with: Reception / Cafe Assistant / Arts & Crafts / Pre-school activities / After school activities / Youth Club / Minecraft / Computer Coding / Lego Club / Sisterhood / Events / Admin / Team Sports / Gardening / Maintenance / DIY / Painting / other

How many hours are you able to assist on a weekly or monthly basis: \_\_\_\_\_

- |                                       |                                       |  |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Monday AM    | <input type="checkbox"/> Monday PM    | <input type="checkbox"/> Monday evening    |
| <input type="checkbox"/> Tuesday AM   | <input type="checkbox"/> Tuesday PM   | <input type="checkbox"/> Tuesday evening   |
| <input type="checkbox"/> Wednesday AM | <input type="checkbox"/> Wednesday PM | <input type="checkbox"/> Wednesday evening |
| <input type="checkbox"/> Thursday AM  | <input type="checkbox"/> Thursday PM  | <input type="checkbox"/> Thursday evening  |
| <input type="checkbox"/> Friday AM    | <input type="checkbox"/> Friday PM    | <input type="checkbox"/> Friday evening    |
| <input type="checkbox"/> Saturday AM  | <input type="checkbox"/> Saturday PM  | <input type="checkbox"/> Saturday evening  |
| <input type="checkbox"/> Sunday AM    | <input type="checkbox"/> Sunday PM    | <input type="checkbox"/> Sunday evening    |

We require 2 character referees who are able to confirm your suitability for the role.  
If less than 16 years of age one of your referees should be your parent/guardian.

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Tel \_\_\_\_\_ Tel \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

I declare that the above information is true.

I am happy to complete PVG clearance (Protection of Vulnerable Groups)

GDPR - I am happy for my details to be stored securely on the Dunblane Centre computer system so that I can be contacted for events and volunteering purposes.

Signed \_\_\_\_\_ Date \_\_\_\_\_