

# APPLICATION FORM

## ADVISOR (Voluntary)



Please print the information requested below using a black pen. If you require assistance to complete this form please contact West Lothian Financial Inclusion Network and we will be happy to help.

### Personal Details

Surname	
Other Names	
Address	
Postcode	
Email Address	
Telephone – Home Work Mobile	
Date of Birth	

### Skills and Interests

Why are you interested in volunteering?	<p><i>Please tick all that apply:</i></p> <p>I want to improve my employability skills <input type="checkbox"/></p> <p>I have spare time and want to use it to help my community <input type="checkbox"/></p> <p>I am interested in voluntary work <input type="checkbox"/></p> <p>I have skills that I can bring to the project <input type="checkbox"/></p> <p>Any other reasons.....</p>
Please tell us of any previous volunteering experience or employment you have	
Do you have any skills, interests or hobbies that you feel you could bring to this role?	
Are there any particular skills you would like to develop by volunteering for this role?	
Which village/rural area would you be available / willing to work within?	

### Availability

Please advise of when you would be available to volunteer:

	Morning	Afternoon	Evening	Comments
<b>Monday</b>				
<b>Tuesday</b>				
<b>Wednesday</b>				
<b>Thursday</b>				
<b>Friday</b>				
<b>Saturday</b>				
<b>Sunday</b>				

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### Equal Opportunities

WLFIN welcomes volunteer applicants with all range of abilities. We aim to enable all volunteers to realise their full potential. So we can consider any appropriate adjustments to the volunteer environment and better support in your role, please give details below of any disabilities or health issues.

Under the rehabilitation of Offenders Act (1974) do you have any unspent convictions? Yes  No

Please give details of any offences below (including spent convictions). Having a conviction will not necessarily stop you from volunteering but will need to be taken into consideration when assessing your suitability.

Are you currently registered with the PVG Scheme? Yes  No

Are you willing for checks to be carried out via the Scottish Criminal Records Office? Yes  No

### References

Please give the names and contact details of two people who have known you for at least 3 years (not relatives) and are willing to act as referees. If possible, one should be from a place of work / organisation where you have volunteered, tutor, minister of religion, support/care worker, landlord or other reputable person.

Name		Name	
Address		Address	
Postcode		Postcode	
Tel No		Tel No	
Email Address		Email Address	
How do you know this person?		How do you know this person?	

I declare that the information I have provided is accurate and true.

Signed \_\_\_\_\_

Date \_\_\_\_\_

*Please return this form to:*

West Lothian Financial Inclusion Network, 4 Blackfaulds Place, Fauldhouse, EH47 9AS