**Volunteer Application Form**

Upmo are a charity based in Edinburgh, providing support and opportunity to adults with learning disabilities and autism

**Personal Details**

|  |  |
| --- | --- |
|  **Surname:**  |   |
|  **Forename(s):**  |   |
|  **Pronouns:**  |   |
|  **Address:**  |  |
|  **Post Code:**  |   |
|  **Telephone (home):**  |   |
|  **Telephone (mobile):**  |   |
|  **Telephone (work):**  |   |
|  **Email address:**  |   |

|  |  |
| --- | --- |
| **Do you have a current UK driving license?**   | YES     ☐     NO      ☐  |
| **Do you have use of a car?**  | YES     ☐     NO      ☐  |

|  |
| --- |
|  **Personal Statement**  |
|   Please tell us about why you would like to volunteer for Upmo What type of voluntary work/service are you interested in? Why does this choice interest you? (Continue on a separate sheet, if necessary) |

 Upmo operates across multiple local authorities – use the checkboxes below to show where you would be able to work (select as many as you wish).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| East Lothian - (Prestonpans)  | ☐  | Midlothian - (Gorebridge)  | ☐  | Edinburgh -  (Multiple sites)  | ☐  |

**Availability**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   | **Monday**  | **Tuesday**  | **Wednesday**  | **Thursday**  | **Friday** | **Saturday** | **Sunday** |
|  **Times** |   |   |   |   |   |  |  |

**Qualifications**

You do not need any qualifications to volunteer for Upmo, but it may help us match you with opportunities which use your skills if you tell us what qualifications and skills you have.

|  |  |
| --- | --- |
|  **Subject**  |  **Qualification / skill** |
|   |   |
|   |   |

**PVG Membership**

All employees and volunteers are required to be members of the PVG Scheme. If you are not already a member of the scheme you will be expected to join the scheme prior to taking up post.

|  |  |  |  |
| --- | --- | --- | --- |
| Are you currently a member of the PVG scheme?   | ☐ Yes ☐ No  | Which type of regulated work are you currently a member for?  | ☐ Children ☐ Protected Adults ☐ Both  |

**Information Source**

Please tell us how you found out about this volunteer opportunity

|  |
| --- |
|  |

**References**

Please provide the names and contact details of at least two people whom we may contact as referees. The referees should not be family members or friends, and ideally will be arecent employer or volunteer organisation, or person with whom you are familiar with in a professional capacity.

|  |  |
| --- | --- |
|  **Reference 1** |  |
|  **Name:**  |   |
|  **Company:**  |   |
|  **Email address:**  |   |
|  **Relationship to**  **applicant:**  |   |

|  |  |
| --- | --- |
|  **Reference 2** |   |
|  **Company:**  |   |
|  **Email address:**  |   |
|  **Relationship to**  **applicant:**  |   |

**Data retention**

According to organisational policy, if your volunteer application is not taken forward, we would like to retain your application for up to 6 months for future opportunities.

**If you wish to object to Upward Mobility retaining your data please indicate this by checking here:**☐
You have the right to object to the retention of this data at any point after your application has been submitted. If you wish to have your data erased, notify us by email at info@upmo.org to advise us of this at any time.

**Declaration**

I confirm that, to the best of my knowledge, the information I have given on this application is true and complete and I authorise you to make any enquiries you consider necessary in connection with this application.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature:  |   |  Date:  |   |