



APPLICATION FORM FOR VOLUNTEERS

Please complete this form in black ink or typescript and return it to –

Tracy Gorman
Volunteer Co-ordinator
Project Ability
Trongate 103
GLASGOW G1 5HD

Surname Forenames.....

Address.....
.....
.....

Contact Telephone Number.....

Email

Please state which voluntary position you are applying for or state your main area of interest or expertise e.g. Ceramics, Glass, or Young Peoples Workshops.

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Do you consider yourself to have a disability – YES/ NO

If yes please tell us if there are any reasonable adjustments we can make to assist in your application, and any reasonable adjustments we can make to enable you to carry out the role of volunteer.

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Education and Training
Please start with your most recent qualifications

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School/ College/ University	Dates	Examinations Passed and Qualifications Obtained

Employment History
Please continue on a separate sheet if necessary

Dates		Name of Employer & Nature of Business	Position Held and Brief Details of Duties
From	To		

Supporting Statement

Please outline the achievements, skills, experiences, interests and hobbies that are relevant to your application and to your suitability to undertake a voluntary role with Project Ability.

References – Please give the names and contact details of two people who could provide a reference.

Name:	Name:
Position:	Position:
Organisation:	Organisation:
Address:	Address:
Telephone:	Telephone:
Email	Email.....

Are you currently registered with Disclosure Scotland's Protecting Vulnerable Groups Scheme (PVG)?

YES/NO

I declare to the best of my knowledge that the above information is correct.

I declare that and I understand that misleading statements may be sufficient grounds for cancelling any agreements made.

Signature Date

**Thank you for your interest in
volunteering with Project
Ability. We look forward to
receiving your application**