



Volunteer Application Form

Thank you for your interest in volunteering with the Scottish Wildlife Trust. Please complete all sections.

PERSONAL DETAILS

NAME			
ADDRESS			
HOME TELEPHONE		MOBILE TELEPHONE	
EMAIL			
DATE OF BIRTH			

Please tick employment status as appropriate

STUDENT	<input type="checkbox"/>	EMPLOYED	<input type="checkbox"/>	UNEMPLOYED	<input type="checkbox"/>	RETIRED	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
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If you are a volunteer from outside the UK, please rate your command of spoken and written English;

Please tick as appropriate

1st LANGUAGE	<input type="checkbox"/>	VERY GOOD	<input type="checkbox"/>	COMPETENT	<input type="checkbox"/>	BEGINNER	<input type="checkbox"/>
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VOLUNTEER POSITION APPLIED FOR

LOCATION	
START DATE if applicable	

ABOUT YOU

Please list any relevant knowledge or skills you possess which would be relevant to this position (eg wildlife id, use of tools, current first aid, customer care, computer use)	
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Please detail any previous volunteering experience with SWT or other conservation organisations	
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Please use this space to provide any other relevant details in connection to this volunteer post.	
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AVAILABILITY

Please tick as appropriate

Any day		Weekdays only		Weekends only		Full day		Part day	
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CRIMINAL CONVICTIONS

Note: We are obliged to ask if you have any unspent criminal convictions. The existence of a criminal record need not prevent you from obtaining a volunteer position and only relevant unspent convictions and other associated information will be taken into account

Without prejudice, have you ever at any time been convicted of a criminal offence?

Does not include spent offences under the Rehabilitation of Offenders Act 1974

YES		NO	
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If YES, please state the offence, penalty and court which dealt with your case	
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REFEREES

Please provide the names and addresses of two persons willing to act as referees on your behalf. They should not be related to you or live at the same address. References may be sought as part of the selection process.

NAME			
OCCUPATION			
ADDRESS			
DAYTIME PHONE		EVENING PHONE	
EMAIL			

NAME			
OCCUPATION			
ADDRESS			
DAYTIME PHONE		EVENING PHONE	
EMAIL			

Please state how you heard about this opportunity.	
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DATA PROTECTION ACT 1998

By signing the application you are consenting to SWT processing your data in accordance with Data Protection Act 1998 and we confirm that any personal information we hold concerning you will not be communicated to any agency or person outwith the Scottish Wildlife Trust.

DECLARATION

I declare the information I have given on this form is, to the best of my knowledge, true.

SIGNATURE		DATE	
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