

Playback Trust, 489 Lanark Road, Edinburgh EH14 5DQ
Scottish Registered Charity SC031679. 0131 453 4889
E-mail: may@playbacktrust.net



**PLAYBACK TRUST
VOLUNTEER APPLICATION FORM**

NAME _____

ADDRESS _____

TELEPHONE NO (DAY) _____

TELEPHONE NO (EVE) _____

MOBILE _____

E MAIL ADDRESS _____

DATE OF BIRTH _____

Please give details of any previous/current work or voluntary experience.

What are your interests/hobbies?

Please tell us, in your own words why you would like to become a volunteer with Playback?

What would you like to get out of your voluntary work?

Is there anything in your medical/health history either now or in the past that you feel we should be aware of?

YES

NO

If yes, please provide details

Where did you hear about volunteering opportunities with Playback?

References: Please provide details of two people (not relatives) who are willing to act as referees. They should have known you for at least five years.

(1) Name _____

Occupation _____

Address _____

Telephone _____

(2) Name _____

Occupation _____

Address _____

Telephone _____

The Rehabilitation of Offenders Act 1974

Under the rehabilitation of offenders Act you are not entitled to withhold information about criminal convictions which are 'spent' under the said act. However, depending on the nature of the offence, this may not necessarily prevent you undertaking certain voluntary activities. Please provide details of any criminal convictions against you:

Under the Playback Trust Child Protection Policy and procedures, all applications will be subject to vetting and checking through Disclosure Scotland (CRBS)

Signed

Dated

Please note that all volunteer information is kept confidential. The Playback Trust is registered under the Data Protection Act 1998 which permits the storage of information on computer and you are entitled to see any such information about yourself. If you have any objections, please inform the organisation.