

Volunteer Application Form



Thank you for your interest in volunteering with Poppyscotland!

Your support is so important, and it's only through the efforts of our fantastic volunteers that we can make real differences to the lives of veterans, those still serving and their families in need in Scotland.

Personal details	
Title:	Home address:
First name:	
Surname:	
Telephone:	Postcode:
Preferred contact method: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Post	
<input type="checkbox"/> Please check this box to confirm that you consent to Poppyscotland sharing your name and preferred contact detail with other volunteers to support with the coordination of volunteering activity.	

Emergency contact details	
Full name:	Relationship:
Telephone:	Email:

About the role			
Which volunteering role(s) are you interested in?			
Volunteer Organiser	<input type="checkbox"/>	Bud Volunteer	<input type="checkbox"/>
Collector/Event Volunteer	<input type="checkbox"/>	Welfare/Office Volunteer	<input type="checkbox"/>
Other (please give details):			
Where would you like to volunteer? Please enter your preferred location(s):			

About you						
What age bracket do you fall into?						
Under 16 <input type="checkbox"/>	16-18 <input type="checkbox"/>	19-25 <input type="checkbox"/>	26-30 <input type="checkbox"/>	31-39 <input type="checkbox"/>	40-59 <input type="checkbox"/>	60+ <input type="checkbox"/>
How would you describe your employment status?						
Employed Full-time <input type="checkbox"/>	Employed Part-time <input type="checkbox"/>	Student <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Retired <input type="checkbox"/>	Other (Please state)	
What motivates you to volunteer with Poppyscotland? Please select all that apply:						
Meet new people <input type="checkbox"/>	Gain work experience <input type="checkbox"/>	Have fun <input type="checkbox"/>	Support our Armed Forces community <input type="checkbox"/>			
Share skills or experience <input type="checkbox"/>	Learn new things <input type="checkbox"/>	Build confidence <input type="checkbox"/>	Other (Please state)			
What experience or skills might you be able to bring to the role?						
We want to provide the most appropriate support to each one of our volunteers. Please let us know if you have any support or access requirements. This will allow us to meet your needs.						
Where did you hear about volunteering with Poppyscotland?:						

Rehabilitation of offenders*	
Under the rehabilitation of Offenders Act 1974, do you have any unspent criminal convictions?	
Yes <input type="checkbox"/>	If Yes, please give details:
No <input type="checkbox"/>	

Your references	
Please give details of two people who can comment on your suitability to volunteer with Poppyscotland. If you have worked in the last five years, one of these should be your employer. If not, please give details of people who know you well and are not family members.	
Full name:	Full name:
E-mail:	E-mail:
Telephone:	Telephone:
Relationship to you:	Relationship to you:
<input type="checkbox"/> Please check this box to confirm you have been given consent from your referees to share their information and contact details for the purpose of obtaining your references. All personal data will be held securely and in accordance with the General Data Protection Regulations (GDPR).	

Keeping in touch	
To keep up to date about what we do and how you can help to make life changing differences to the lives of our Armed Forces community. Please select your preferred contact methods below:	
<input type="checkbox"/> I'd like to receive updates by email.	<input type="checkbox"/> I'd like to speak to Poppyscotland on the phone.
<input type="checkbox"/> I'd like to receive updates via text or other messaging services.	<input type="checkbox"/> No thanks, please don't send me post.

Declaration	
I understand that any offer of volunteering with Poppyscotland is subject to satisfactory references, and is binding in honour only. I declare that, to the best of my knowledge, the information I have given is correct, true and complete. Any false information will disqualify my application. If completing form digitally, please type your name below and return via email.	
Signed:	Date:

Parent / guardian declaration (volunteers under 16 only)		
<input type="checkbox"/> I consent to my young person being contacted directly in relation to volunteering with Poppyscotland. <input type="checkbox"/> I have read and understood the below privacy statement.		
Signed:	Relationship:	Date:

Please return this application by email to volunteer@poppyscotland.org.uk or by post to:
Volunteer Development, Poppyscotland, New Haig House, Logie Green Road, Edinburgh, EH7 4HQ.

Privacy statement
<p>At Poppyscotland we take your privacy seriously and we will only use the information you have provided to communicate with you in relation to volunteering with us. All volunteers will receive our digital volunteer newsletter, with the option to opt out clearly available. We will not share your data and promise to keep your personal information safe and secure. If your application is successful, we will hold your personal data for duration of your time as a volunteer and 12 months beyond retirement OR until you withdraw your consent. If you would like to withdraw your consent for the processing of your personal information, please contact enquiries@poppyscotland.org.uk. For full details of our Privacy Policy, please visit www.poppyscotland.org.uk/about-us.</p>

*Please note that this information won't necessarily stop you from volunteering with us, but we will need to take it into consideration when assessing your suitability for certain roles. Some volunteering roles may require a disclosure check.

