

**Volunteer Co-Worker Application Form**

**(For completion electronically)**

Camphill Blair Drummond is a community providing residential and day-care services for adults with learning difficulties, established in 1975 and guided by the principles of Rudolph Steiner. At Camphill Blair Drummond adults with learning disabilities can live, learn, and work with others in healthy social relationships based on mutual care and respect and where there are many opportunities to participate in meaningful activities. The aim of the community is to maintain a full social, working, cultural, and spiritual life in which people can realise their potential. Volunteer co-workers support our Residents alongside employed staff to ensure the smooth running of the community.

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| **PERSONAL DETAILS** | | | | | | | | | | | |
| Surname: |  | | | | | | | Mr/Miss/Mrs/Ms/Other: | |  | |
| Forenames: |  | | | | | | | | | | |
| Date of Birth: | |  | | | Nationality: | | | |  | | | |
| Permanent Address: | |  | | | | | | | | | |
| Telephone Number: | | Day: | |  | | Evening: |  | | | | |
| E-Mail Address: | |  | | | | | | | | | |
| Address for Correspondence:  (if different from above) | |  | | | | | | | | | |
|  | | | | | | | | | | | |
| **EMERGENCY CONTACT DETAILS**  (Please provide details of who we should contact in an emergency) | | | | | | | | | | | |
| Name of Contact: | | |  | | | | | | | |
| Relationship to you:  (E.G. Parent / Sibling) | | |  | | | | | | | |
| Telephone Number: | | Day: | |  | | Evening: |  | | | |

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| **DETAILS OF PREVIOUS EDUCATION AND TRAINING**  Please include details of all qualifications, including any, where you still have to receive your final mark. | | |
| Qualification | Subject | Educational Establishment |
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| **PREVIOUS OCCUPATIONS**  Please list any professional, non-paid / voluntary work you have undertaken.  (Please continue on a separate sheet if necessary) | | | | |
| Name / Address of Employer | Date from | | Date to | Position Held |
|  |  | |  |  |
| Please give a brief description of responsibilities |  | | | |
| Name / Address of Employer | Date from | | Date to | Position Held |
|  |  | |  |  |
| Please give a brief description of responsibilities |  | | | |
| Name / Address of Employer | Date from | | Date to | Position Held |
|  |  | |  |  |
| Please give a brief description of responsibilities | |  | | |

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| What is the earliest date you can come to Camphill Blair Drummond? |  |
| How long can you stay? |  |
| **PLEASE TELL US WHY YOU HAVE APPLIED TO BE A VOLUNTEER CO-WORKER AT CAMPHILL BLAIR DRUMMOND** | |
|  | |
| **WHAT ARE YOUR INTERESTS AND SKILLS?** | |
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| **PLEASE TELL US ABOUT ANY PREVIOUS VOLUNTEERING EXPERIENCE** |
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| **PLEASE TELL US ABOUT ANY PREVIOUS EXPERIENCE WITH PEOPLE IN NEED OF SPECIAL CARE** |
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| Have you ever had any convictions or a criminal record? | **Yes:** |  | **No:** |  |

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| **REFERENCES**  Please give details of two referees who we may contact if you are shortlisted for interview.   * One referee should be your current or most recent employer who we will be asking for salary details. * If you have worked in a care environment, but are not currently doing so, please provide us with the company’s contact details in order that we may approach them for a reference. * If you have been in full-time education we will accept two academic referees in place of an employer. * If you have never been employed, we will seek two character references from individuals who are unrelated to you.   **Please note, Camphill Blair Drummond Trust reserves the right to approach any**  **Former employer for a reference.** | | | | | | | | | | |
| **Name:** |  | | | | **Occupation Title:** | | |  | | |
| **Organisation:** |  | | | | | | | | | |
| **Address:** |  | | | | | | | | | |
| **Telephone No:** |  | | | **Email:** |  | | | | | |
| **Relationship to Applicant:** | |  | | | | | | | | |
| **Can this referee be contacted prior to interview?** | | | | | **Yes:** |  | | | **No:** |  |
| **Please indicate if this referee is:** | | | **Professiona**l | |  | | **Personal** | | |  |

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| **Name:** |  | | | | **Occupation Title:** | |  | | |
| **Organisation:** |  | | | | | | | | |
| **Address:** |  | | | | | | | | |
| **Telephone No:** |  | | | **Email:** |  | | | | |
| **Relationship to Applicant:** | |  | | | | | | | |
| **Can this referee be contacted prior to interview?** | | | | | **Yes:** |  | | **No:** |  |
| **Please indicate if this referee is:** | | | **Professiona**l | |  | | **Personal** | |  |

Please enclose a recent photograph with this completed application form. If you are successful we will require your police record and a medical certificate / letter from your Doctor.