APPLICATION FORM FOR VOLUNTARY WORK

Thank you for your interest in our Community. Please complete our application form and send it to:

[janebrooks@corbeniccamphill.co.uk](mailto:janebrooks@corbeniccamphill.co.uk)

or

Volunteer applications, Corbenic Camphill Community, Trochry, Dunkeld, PH8 0DY

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| SURNAME: | | FIRST NAME: | | |
| DATE OF BIRTH: | AGE: | | GENDER: M: F: | |
| MARITAL STATUS: | | SKYPE NAME: | | |
| NATIONALITY: | | SMOKER: YES: NO: | | |
| EMAIL: | | ADDRESS: | | |
| TEL NO:  MOBILE NO: | APPLYING FROM:  (Priority given to those staying 12 months) | | | TO: |
| DO YOU HAVE ANY UNSPENT CONVICTIONS? | | | | |
| DO YOU HAVE ANY DIETARY REQUIREMENTS? | | | | |
| HAVE YOU EVER WORKED IN THE UK BEFORE (either as an employee or volunteer)? YES: NO: | | | | |

For Office Use Only



**Passport Photo here**

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| Fr: To: |
| Application, Reference 1, Reference 2, Police Check |
| Skype: Yes/No Date/Time: |
| OL, LPTA CWAS CWAR |
| CoS Sent, Cos Rec’d |
| Travel: Airport: Flight Number: |
| Train/Bus: Time |

EDUCATION: Please list Qualifications and Dates (Please use a separate sheet for any more information)

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FURTHER EDUCATION:

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WORK EXPERIENCE

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PLEASE ANSWER THE FOLLOWING QUESTIONS AS FULLY AS YOU CAN

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| How did you hear of Corbenic Camphill Community? |  |
| From a friend: | Friend Name: |
| From the internet | Name of Site |
| Other | |

WHAT ARE YOUR REASONS FOR WISHING TO JOIN US?

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DO YOU HAVE ANY MEDICAL HISTORY, MENTAL OR PHYSICAL, WHICH COULD AFFECT YOUR WORK? (e.g. a back problem

could affect the type of work you do). IF YES, PLEASE GIVE DETAILS:

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DO YOU HAVE ANY PREVIOUS OR CURRENT EXPERIENCE IN PERFORMING PERSONAL CARE? (Either in a professional or

personal capacity)

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When you arrive in the community you will be allocated a workshop. Can you please list the following in order of preference: BAKERY, CRAFT, ESTATE, FARM, GARDEN, HORSE CARE, POTTERY, WOODWORK? (We will attempt to accommodate your preferences but sometimes this may not be possible)

If you have a particular interest in cooking, we have cooks in each house in the mornings and this activity can be chosen instead of a workshop. You would normally work together with one resident preparing lunch for your house. You would then be in one of our other workshops in the afternoon.

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| 1. | 2. | 3. |
| 4. | 5. | 6. |
| 7. | 8. | 9. |

PLEASE LIST ANY PERSONAL INTERESTS OR HOBBIES YOU HAVE:

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DO YOU SING OR PLAY AN INSTRUMENT?

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HOW WELL DO YOU SPEAK ENGLISH (Please tick)?

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| FLUENTLY: | CONVERSATIONAL: | DO NOT SPEAK ENGLISH: |
| Do you speak any other languages? | | |

PLEASE USE THIS SPACE TO GIVE A BRIEF RESUME OF YOUR BACKGROUND, EDUCATION, EXPERIENCE, PLUS ANY OTHER RELEVENT INFORMATION NOT STATED ABOVE

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You must give the names of two referees with this application form. If you are about to or have recently left school or college, one reference should be from your teacher/tutor. Otherwise one reference should be from your present or recent employer. **DO NOT SEND THE NAMES OF FRIENDS OR FAMILY AS A REFEREE.**

Please give the names and email addresses of your referees below. We are required by law to obtain references directly from your referees, so please do not get your referee to send the reference to you. We will contact them directly.

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| **REFEREE 1** | **REFEREE 2** |
| NAME: | NAME: |
| EMAIL: | EMAIL: |
| RELATIONSHIP TO APPLICANT: | RELATIONSHIP TO APPLICANT: |

I HEREBY DECLARE THAT THE INFORMATION SUPPLIED TO SUPPORT THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

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| SIGNATURE: | DATE: |

It is a legal requirement to have a new or recent Police Check (or enhanced disclosure for British applicants) when working with vulnerable adults. Therefore, you must apply for a Police Check certificate; this may take some time to obtain, so please take care of this as soon as possible.