

# Volunteer Application



Please complete this application form and return it to :  
**Healthy Valleys, Lockhart Community Hub, c/o Lockhart Hospital,  
Whitelees Road, Lanark, ML11 7RX.**

Should you require assistance in completing this form or need further information about volunteering for Healthy Valleys, please phone **01555 662496** or email **kate@healthyvalleys.org.uk** or **barbara@healthyvalleys.org.uk**

## Contact Information

Your Last Name:

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Your First Name:

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Your Address:

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Postcode:

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Home Tel No:

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Mobile No:

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Email Address:

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Best method of contact ? Telephone       Texting       Email

## Where did you hear about our volunteer opportunity?

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## Why do you want to volunteer with Healthy Valleys?

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## Volunteering with Healthy Valleys

We have various volunteering opportunities at Healthy Valleys.

Please tell us which areas you are interested in - tick more than one box if appropriate:

- Supporting pregnant women and families with children under 5 who need extra help to live a healthier, less stressful lifestyle
- Helping bring together mums, dads, grandparents and carers in group settings
- Supporting isolated, lonely older people to link in with their local communities
- Assisting young people who are at risk of, or currently experiencing, mental ill health
- Help deliver healthy eating courses and workshops to young people, families and older people
- Helping out at weekly community cafes
- Supporting individuals with long-term health conditions who are isolated. Help them to re-engage in activities/communities
- Drivers (including mini bus)
- Walk Leader
- Support children's active play session (indoor and outdoor)
- Food Bank Volunteer - deliver vital food supplies

## Tell us about any previous volunteering experience

**What experience and/or skills can you bring to the volunteering role?**

**(please circle appropriately)**

**Do you have a current, clean driving licence?**

**YES / NO**

**Do you have access to the use of a car ?**

**YES / NO**

**Do you have Class 1 Business Insurance Cover?**

**YES / NO**

**Healthy Valleys requires volunteers to have Class 1 Business Car Insurance cover if transporting beneficiaries and/or equipment during the course of their volunteer support.**

**Please let us know when you are able to volunteer for Healthy Valleys.**

(Please tick the appropriate box(es))

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Preferred frequency?

- Weekly
- Fortnightly
- Occasionally

**Name and address of two referees**

Please supply the names and contact details of two referees. They can be previous employers or people who know you well in another capacity. They should NOT be family members.

Name:	
Address:	
Post Code:	
Tel Number:	
Email:	

Name:	
Address:	
Post Code:	
Tel Number:	
Email:	

**Previous Convictions**

This volunteering role you have applied for is for regulated activities with children, protected adults or both. You are, therefore required to disclose all convictions (spent or unspent), cautions and any relevant non-conviction information.

Please give summary details regarding any convictions and cautions here:

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**Declaration**

I certify the above details to be correct and agree to notify Healthy Valleys of any changes to the information contained in this application form.

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

**For official use only :**  
**Date application received :** .....  
**Date reference requests made :** .....

Healthy Valleys, Lockhart Community Hub, c/o Lockhart Hospital, Lanark ML11 7RX

Charity Number SCO 34253

Telephone : 01555 662496 www.healthyvalleys.org.uk

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