Thank you for applying to be a volunteer with Glasgow Life. We ask you to complete this application form to enable us to evaluate your suitability for the role. If you are unsure about any part of the form or have any queries about volunteering please contact kevin.watson@glasgowlife.org.uk

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| --- |
| **Volunteering opportunity: Strength and Conditioning Volunteer Coach** |
| **Title** |  | **First Name** |  | **Surname** |  |

|  |  |
| --- | --- |
| **Address** |  |
| **Postcode** |  | **Email** |  |
| **Home Tel No.** |  | **Mobile**  |  |

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| **How did you find out about volunteering with Glasgow Life?**  |

***Employment Details (Current)***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student** |  | **Employed** |  | **Unemployed** |  | **Retired** |  | **Other** |  |

***Experience:***

Please summarise any experience that you consider to be relevant to the volunteering opportunity (either

paid, voluntary or other), starting with the most recent. Please attach a separate sheet if required.

|  |  |
| --- | --- |
| **Dates** | **Relevant information** |
|  |  |

***Education:*** Please give details of your education, qualification and training relevant to the application.

|  |  |
| --- | --- |
| **Dates** | **Qualification / Course completed** |
|  |  |

***Relevant Skills:*** Please give details of any skills you feel may be relevant to your application.

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***Languages:*** Please give details of languages you speak besides English.

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***Criminal Convictions:***

|  |  |  |
| --- | --- | --- |
| If yes please give details of any unspent convictions. A conviction will not necessarily exclude you from volunteering but we are legally obliged to ask. We do consider any conviction in relation to the voluntary position. For some volunteering roles, Disclosure Scotland (PVG Scheme) forms will need to be completed. | **Yes** |  |
| **No** |  |

***References:***

We require two written references for all applicants for volunteer opportunities. Please give the names, addresses and telephone numbers of two referees who can testify to your reliability and trustworthiness. They must not be related to you.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Name** |  |
| **Address** |  | **Address** |  |
| **Day Tel No.** |  | **Day Tel No.** |  |
| **Email** |  | **Email** |  |
| **Relationship to you** |  | **Relationship to you** |  |

|  |
| --- |
| **I declare the information I have given is true and to the best of my knowledge.** |
| **Signed** |  | **Date** |  |

**Please return all forms to:**

Glasgow School of Sport

Bellahouston Academy

30 Gower Terrace

Glasgow

G41 5QE

Tel: 0141 582 0034

Alternatively email forms to kevin.watson@glasgowlife.org.uk