

artsAccess Volunteer Form

Name Mr/Mrs/Miss/Ms
Address:
.....
.....
.....

Tel (home)
Tel (work)
email
May we contact you at work?
Yes/No

Date of Birth:

Name, address and phone number for emergency contact:
.....
.....

Previous experience (if any)
.....
.....

Do you have a car? Yes/No What type of car?
Two door or four door car?

Would you prefer to escort someone with
a) a physical disability?
b) a learning difficulty?
c) mental health problems?
d) no preference

Would you be prepared to help a disabled person use the toilet?
Yes/No

Would you be prepared to escort on a regular basis i.e. to a day or evening class?
Yes/No

Would you be prepared to make home visits e.g. to encourage the use of the service or to read programmes to visually impaired clients?
Yes/No

Do you have any physical problems (e.g. bad back) that might prevent you from pushing or lifting a wheelchair?
Yes/No

Do you have any first aid qualification/ experience?
Yes/ No

Entertainment likes

Entertainment dislikes

Do you smoke? Yes/ No

Do you object to smoking? Yes/ No

Names and Addresses of two referees one of whom should be a previous or present employer (either paid or voluntary employment):

Name
Address

Name
Address

Other comments (including times when you are regularly unavailable):

.....
.....
.....

How did you hear about Artlink artsAccess?

Data Protection Act 1998 – As the new data protection act is now in force, Artlink is seeking your informed consent to hold your details on our database. We will from time to time send you information about Artlink events and related activities.

Vetting of Volunteers

Having sought advice from Disclosure Scotland formal vetting of all artsAccess volunteers will be undertaken.

Please sign below:

Today's date:

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Please return this form to:
Artlink, 13a Spittal Street, Edinburgh EH3 9DY, Tel 0131 229 3555
Website: www.artlinkedinburgh.co.uk
Email: info@artlinkedinburgh.co.uk

