**Reach4Reality Volunteer Application Form**

Reach4Reality has the following vision, values and vocation:

1. Vision:

To improve the quality of life of Young People living in Highland who have social and communication challenges through the provision of outdoor activities or pursuits.

1. Values:

2.1 Reach4Reality demonstrates a Christian ethos recognising the rights, worth and dignity of each individual.

2.2 It believes in the empowerment of individual young people.

2.3 It recognises the valuable contribution made by parent carers.

2.4 It recognises the strengths and skills found in communities.

2.5 It recognises the abilities and experience of volunteers and staff.

1. Vocation:
   1. To enable young people to achieve their potential physically, mentally, emotionally and spiritually
   2. To demonstrate value towards individual young people building their self-esteem, confidence and character

3.3 To role model the attitudes, behaviours and care of Christian belief while respecting the beliefs and views of all

4. Please state in your own words how, as a volunteer, you will demonstrate and support the vision, values and vocation of Reach4Reality.

**Reach4Reality Membership Application Form**

**5. Essential Information. Confidential**

PLEASE PRINT CLEARLY

|  |  |
| --- | --- |
| Name: | Date of birth |
| Occupation: | Email: |
| Tel no: | Mobile: |
| Current Address:  Post Code: | Term address if different:  Post Code: |
| Preferred method of contact: | |
| How did you hear about Reach4Reality? | |
| Why do you want to volunteer with Reach4Reality? | |
| What previous relevant experience do you have? | |
| Reach4Reality is a Christian organisation, as set out in the values. You do not need to be an active Christian to become a volunteer. You may disclose your personal faith if you would like to. | |

**6. Training**

6.1 Training will be provided for all new volunteers. Our training programme might include:

* What is a Reach4Reality camp like?
* Introduction to working with young people with autism.
* Keeping children and young people safe.
* The Role of Supportive Relationships as a volunteer with Reach4Reality.

6.2 Please provide details of any relevant qualifications and certificates you hold (e.g. health and hygiene, first aid):

6.3 In terms of your current understanding, what do you think are some of the difficulties young people with social and communication difficulties face?

6.4 Are there any other areas you would appreciate training in?

**7. Travel and Transport:**

I intend to use a car for Reach4Reality activities. **Yes** 🞎 **No** 🞎

I am willing and able (hold correct licence, min. age 25, 3 years driving experience) to drive a minibus **Yes** 🞎 **No** 🞎

**Please enclose both parts of your driving licence, which will be returned to you promptly.**

**8. Health:**

Under recent regulations, we are required to gather information about the general state of health of applicants. All accepted Volunteers are required to complete the Health Form attached to this application form.

**9. Protection of Vulnerable Groups & Disclosure Scotland for All Volunteers:**

9.1 All Reach4Reality volunteers are required to be checked by Disclosure Scotland. Once we receive this Volunteer Application Form, we will send you the proper documents to either join the PVG Scheme or to be provided with a Scheme Record Update.

9.2 You will also be required to provide suitable identification, which will be outlined in the paperwork we send to you.

9.3 Please tick the appropriate box below:

Send me the APPLICATION TO JOIN THE PVG SCHEME 🞎 *(For anyone who has NOT already joined the PVG Scheme or who needs to be checked by Disclosure Scotland for the first time)*

Send me the EXISTING PVG SCHEME MEMBER APPLICATION 🞎 *(For anyone who HAS already joined the PVG Scheme or has already been checked by Disclosure Scotland for a previous reason)*

**10. References**

Please provide the name and contact details of two referees, one of these should be from someone who knows your suitability for working with children/young people and one from someone who can confirm your overall character, such as a minister, teacher or other upstanding community or church member.

|  |  |
| --- | --- |
| **First Referee:**  Post Code:  Tel No:  Relationship to you: | **Second Referee:**  Post Code:  Tel No:  Relationship to you: |

**Volunteer’s Health Form**

**CONFIDENTIAL:** Information contained on this form will be treated in confidence. However, please note, that in certain circumstances it may be necessary to contact your GP for further information.

**Please print clearly**

|  |  |
| --- | --- |
| **Name:** | **Next of Kin:** |
| **Date of birth:** | **Relationship to you:** |
| **Address:**  **Post Code:** | **Address for next of kin:**  **Post code:** |
| **Phone:** | **Next of kin phone:** |
| **GP and Practice:** | **GP phone:** |
| **Please provide details if you suffer from any medical condition which requires treatment (such as asthma, diabetes, epilepsy, hay fever):** | |
| **Please provide details of any allergies from which you suffer:** | |
| **Please indicate if the following vaccinations are up to date:**  **Tetanus Yes** 🞎 **No** 🞎 **Don’t know** 🞎  **Hep C Yes** 🞎 **No** 🞎 **Don’t know** 🞎 | |
| **Special dietary requirements:** | |
| **Any other relevant information:** | |
| I consent to receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities: **Yes** 🞎 **No** 🞎 | |
| **Signed: Date:** | |

**Please return to:**

**Sylvia Longbottom**

**Project Coordinator**

**Reach4Reality**

**42 Seafield Road**

**Inverness**

**IV1 1SG**