**GLASGOW CENTRAL CITIZENS’ ADVICE BUREAU**

 **1st Floor, 88 Bell Street Glasgow. G1 1LQ**

**Tele: 0141 552 5556 Fax: 0141 552 7878**

**APPLICATION FORM FOR VOLUNTARY RECEPTIONIST**

Citizens Advice Bureau is an Equal Opportunities organisation and welcomes candidates regardless of gender, race, sexual orientation or disability.

The Bureau offers free, confidential and impartial advice. Applicants must be willing to work within these principles and support the CAB Equal opportunities Policy.

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**Please read the Form and Job Description fully before answering the questions.**

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| **Name:****Address:****Post Code:** | **Date of Birth:****Tel:****Mobile No:****Email:** |

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| Explain why you want to join Glasgow Central Citizens’ Advice Bureau as a volunteer Receptionist. |

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| Tell us about any leisure, community or voluntary activities you have or are involved in: |
|  |
| State any skills, attributes and talent you can bring to reception/admin work. This may help use to identify areas where you can contribute to the operation of the Bureau, in addition to reception: |
| Tell us about your education or training: You are not required to have any formal qualifications to be an advice worker, but we are interested in any attainments:: |

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| Our team of Advisers come from very diverse backgrounds. Please give us details of your work background and any other relevant information:  |

**Please read carefully**

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| **Availability:** The successful operation of our Bureau depends on the reliability and co-operation of its voluntary workers. G.C. CAB looks for **at least** one or both full days on reception duties.  |
|  | **Morning (9.00-13.00)** | **Afternoon (13.00-17.00)** |
| **Monday** |  |  |
| **Tuesday** | **\*\*\*\*\*** | **\*\*\*\*\*** |
| **Wednesday** | **\*\*\*\*\*** | **\*\*\*\*\*** |
| **Thursday** | **\*\*\*\*\*** | **\*\*\*\*\*** |
| **Friday** |  |  |
| **Typical Voluntary Positions** (Please indicate your preference) |
| **Advising** | **Secretarial** | **Administration** | **I.T.** |
| **X** |  |  | **X** |

**REFEREES**

|  |  |
| --- | --- |
| **Name:** | **Name:** |
| **Address:** | **Address:** |
| **Tele No:** | **Tele No:** |
| **Mobile:** | **Mobile** |
| **Email:** | **Email** |

Referees will not be contacted until you start with Glasgow (Central) CAB

**Declaration:**

I understand that when I undertake CAB work I must complete a CAB basic training course and agree to be bound by the existing confidentiality.

**Date:**

**Signed:**

Return completed form to: Glasgow (Central) Citizens Advice Bureau

 1st Floor, 88 Bell Street, Glasgow, G1 1LQ

Please ensure that the correct postage is used

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| Received | Interview | Start | Competences | Left |
|  |  |  |  |  |