|  |  |
| --- | --- |
|  | Ballumbie Castle Estate LLC |

# Application to Volunteer

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | Middle Initial(s). |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | County | Post Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |
| --- | --- |
| Voluntary Position Applied for: | KEEPER OF THE KEYS OF BALLUMBIE CASTLE |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| School: |  | Address: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  |  | Qualifications: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  | Address: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  |  | Qualifications: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| University: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

## References

Please list two professional references.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |

## Current Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  |  |  |  |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| From: |  | To: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your supervisor for a reference? | YES | NO |  |
|  |  |  |  |
| Previous Employment | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  |  |  |  |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  |  |  |  |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |

## Military Service (if any)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Branch: |  | From: |  | To: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Rank at Discharge: |  | Type of Discharge: |  |

|  |  |
| --- | --- |
| If other than honorable, explain: |  |

## Equal Opportunities Information, Disclaimer and Signature

The following information will only be used to ensure the fair consideration of all applicants and to ensure that discrimination does not take place on the basis of the following grounds. It should be noted that the voluntary post will involve the need to be able to go around the perimeter of the castle’s fencing, which will require good balance and the ability to navigate potential obstacles. There is no need to enter beyond the castle’s security fencing.

**GENDER:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Male |  | Female |  | Prefer not to say |  |

**AGE:**

|  |  |
| --- | --- |
| 66+ |  |
| 56-65 |  |
| 46-55 |  |
| 36-45 |  |
| 26-35 |  |
| 25 & under |  | Prefer not to say |  |

**DISABILITY:**

The Disability Discrimination Act as incorporated in Equality Act 2010 defines a person as disabled if they have a physical or mental impairment which has substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on their ability to carry out normal day-to-day activities. Adverse effects may arise from external barriers experienced by people with impairments.

When you answer the question, you should not take into account the effect of any medication or treatments used or adjustments made (for example at work or at home) which reduce the effects of impairments. Instead, you should think about the effect the impairment would have if these were not being used or made.

Taking this into account, do you consider yourself to be a disabled person?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes: |  | No: |  | Prefer not to say |  |

**ETHNIC ORIGIN:**

Which group do you identify with? Please tick one box. The options are listed alphabetically.

ASIAN OR ASIAN BRITISH

|  |  |
| --- | --- |
| Bangladeshi |  |
| Chinese |  |
| Indian |  |
| Pakistani |  |

Any Other Asian background (specify if you wish)

|  |
| --- |
|  |

BLACK OR BLACK BRITISH

|  |  |
| --- | --- |
| African |  |
| Caribbean |  |

Any Other Black background (specify if you wish)

|  |
| --- |
|  |

MIXED

|  |  |
| --- | --- |
| Asian and White |  |
| Black African and White |  |
| Black Caribbean and White |  |

Any other Mixed Ethnic Background (specify if you wish)

|  |
| --- |
|  |

WHITE

|  |  |
| --- | --- |
| White |  |

ANY OTHER BACKGROUND

Any other ethnic background (specify below if you wish)

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Prefer not to say |  |

**SEXUAL ORIENTATION -** Do you consider yourself to be:

|  |  |
| --- | --- |
| Bisexual |  |
| Gay man |  |
| Gay woman |  |
| Heterosexual |  |

Other (Please state below)

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Prefer not to say |  |

**RELIGION AND BELIEF -** What is your religion?:

|  |  |
| --- | --- |
| None |  |
| Christian (including Church of England, Catholic, Protestant and all other Christian denominations) | | |  |
| Buddhist |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |

Other (Please state below)

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Prefer not to say |  |

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to appointment to the voluntary office of Keeper of the Keys of Ballumbie Castle, I understand that false or misleading information in my application or interview may result in my release.

I give my consent for this information to be stored in electronic and paper form.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |