



APPENDIX 2 Host / Volunteer Information Form

MCofS Mountaineering Events

HOST/VOLUNTEER INFORMATION FORM

This form must be completed by volunteers intending to undertake a MCofS Mountaineering Activity event as a volunteer. The information supplied will be available to other members attending the event.

Those volunteers intending to work with unsupervised children must also complete the relevant section relating to child protection. This will remain confidential.

You have the right to access all data on you held by the MCofS under the Data Protection Act.

1. PERSONAL DETAILS

Name: (Mr/Mrs/Ms)	
Date of Birth:	
Address:	
	Post Code []
Day-time tel:	
Evening tel:	
Mobile tel:	
Email:	
MCofS Membership: <i>(e.g. individual or club and number of years in membership OR any other relevant organisation's membership)</i>	

2. NEXT OF KIN FOR EMERGENCY CONTACT

Name:	
Address:	
	Post Code []
Day-time tel:	
Evening tel:	
Mobile tel:	
Email:	

3. HEALTH DETAILS

Indicate any specific health requirements <i>(for which you are receiving treatment. Include allergy advice):</i>	
Do you have any special dietary requirements:	
Do you have any special physical requirements:	

4. MCoFS EVENT ACTIVITY	
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What event you are volunteering to participate in:	(if working with unsupervised children also complete section 10)
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5. PERSONAL EXPERIENCE AND VOLUNTEERING EXPERIENCE	
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Current Climbing Grade: <i>(the grade at which you can climb comfortably within your limits: in summer rock, winter, mountaineering or indoor)</i>	
Number of Years Climbing:	
Range of Climbing Venues: <i>(the climbing venues you have experience of, summer and/or winter)</i>	
<i>Please list some examples of routes you have climbed in the last few years and with whom:</i>	
Give details of your previous experience of climbing with novices (formal or informal) and in what capacity:	
Any other skills / experience relevant to the event: <i>(e.g. social work, work with disabled)</i>	
Languages (other than English):	

6. QUALIFICATIONS and TRAINING	
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National (UK) MLT Awards or Guides Certificate held (if any): <i>(e.g. CWA, SPA, MIA, MIC, WGL, ML and include any MLT training undertaken)</i>	
Other Qualifications or relevant training: <i>(e.g. sport performance coaching - any sport - Teaching Certificates, route-setting, judges / belayers courses, First Aid Certificates, Child Protection training)</i>	
Any further training you feel you require:	

7. REFEREES	
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Give names and contacts of two people who can vouch for the information supplied: <i>(friends or colleagues with experience of your personal activities and / or previous volunteering work)</i>	
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8. ACKNOWLEDGMENT OF RISK	
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MCoFS Participation Statement: The MCoFS recognises that climbing, hill walking and mountaineering are activities with a danger of personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement.
I confirm that the information supplied on this form is correct. I have read the MCoFS Participation Statement and am aware that the activity being undertaken has a risk of injury or death and that I must take responsibility for my own actions.
Signed: _____ Date: _____

EVENT COORDINATOR (For Office Use Only)	
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Comments: <i>(to be completed in line with MCoFS guidance)</i>	
Details Confirmed by:	Name: _____ Signed: _____

9. AVAILABILITY

The MCoFS events are varied and entail evening and weekend activities. Please indicate below in the appropriate box your availability / overnight requirements / travel requirements

9.1. SINGLE DAY ACTIVITIES (Please indicate below)

Please indicate times when you will be available

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

9.2 MULTI-DAY ACTIVITIES AVAILABILITY & ACCOMMODATION REQUIREMENTS (Please tick below)

	I am available to act as host on:	I would like accommodation/food:
<day> <date> <month>	Guest arrival date	<input type="checkbox"/>
<day> <date> <month>	<input type="checkbox"/>	<input type="checkbox"/>
<day> <date> <month>	<input type="checkbox"/>	<input type="checkbox"/>
<day> <date> <month>	<input type="checkbox"/>	<input type="checkbox"/>
<day> <date> <month>	<input type="checkbox"/>	<input type="checkbox"/>
<day> <date> <month>	<input type="checkbox"/>	<input type="checkbox"/>
<day> <date> <month>	<input type="checkbox"/>	<input type="checkbox"/>
<day> <date> <month>	Guest departure date	
Are you local and do not require accommodation:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
I require food only:	Yes <input type="checkbox"/> No <input type="checkbox"/>	

9.3 TRAVEL REQUIREMENTS

I have my own transport to get to and from the event:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
I am willing to use my own transport and act as a driver for other members of the event:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please give details of your transport: (type, registration, passenger capacity)	
If answered Yes above:	A photocopy of your current driving licence is appended to this application or is lodged with the event coordinator: Yes <input type="checkbox"/> No <input type="checkbox"/>		
I will be using public transport to get to the event: (please give details and indicate here if you require to be picked up and from where)	TYPE	Date Arival	Date Depart
	Buss <input type="checkbox"/>	<time> <day> <date> <month>	<time> <day> <date> <month>
	Coach <input type="checkbox"/>	<time> <day> <date> <month>	<time> <day> <date> <month>
	Rail <input type="checkbox"/>	<time> <day> <date> <month>	<time> <day> <date> <month>
	Airplane <input type="checkbox"/>	<time> <day> <date> <month>	<time> <day> <date> <month>
	Other <input type="checkbox"/>	<time> <day> <date> <month>	<time> <day> <date> <month>
Further Comments:			

9.4. DECLARATION

I take responsibility for my own travel arrangements to and from the event. If I have agreed to use my own transport for the event I take responsibility to ensure its road safety (current MOT and insurance) and to drive in a responsible manner.

Signed: _____ Date: _____

10. WORKING WITH CHILDREN

Please complete the following information if you intend to volunteer for an MCoFS event with unaccompanied children (where their parents or guardians are not present and you may be in sole charge of a child)

CONFIDENTIAL

Name: (Mr/Mrs/Ms)		
surname previously known by:		
Previous addresses within last 5 years:	1.) 2.) 3.)	
Occupation:		
Name and Address of Employer:		
National Insurance No. (NI):		
Please outline why you wish to become a voluntary Youth Leader with the MCoFS:		
Please give details of leadership training / any previous experience / involvement in youth activity / clubs:		
Do you suffer from any illness/disability/medical condition which may at times affect your ability to work with young people? (if so, please give details)		
Please supply the name, address, telephone numbers and position of two people (non-relative), who know you well and can provide us with a reference in regard to working with children:	REFEREE 1	REFEREE 2

10.1 SECURITY & DECLARATION

You **must** tell us now if you have a case pending or if you have ever been convicted of a criminal offence, or cautioned by the police, or bound over. You must include all offences, even minor matters such as motoring offences, and spent conviction, that is, things which happened a long time ago. If you leave anything out it may affect your application. The disclosure of a criminal record or other information will not debar you from registration/appointment unless the MCoFS considers that the conviction renders you unsuitable. In making this decision the MCoFS will consider the nature of the offence, how long ago it was committed and what age you were at the time and other factors which may be relevant. This may involve such action as an interview before appointments, references and supervision (accessing Scottish Criminal Records Office once Part V of the Police Act 1997 was implemented in April 2002).

Please note you are advised that under the provisions of the Rehabilitation of Offenders (Exceptions) (Amendment) Order (NI) 1987 you should declare all convictions including spent convictions.

Please complete below to give us this information and return it with your application

Have you ever been convicted of a criminal offence or been the subject of a caution; a Bound Over Order; or are you at present the subject of criminal investigations? Yes No

If yes, please state the nature and date(s) of the offence(s):

For the purposes of your application for the post of _____ it is our policy to ask for a check to be carried out by the Scottish Criminal Records Office (SCRO). The purpose of the check is to make sure that people are not appointed who might be a risk to vulnerable people. The Check will tell us whether you have a criminal record, or whether the DHSS& PS holds any other information about you which might have a bearing on your suitability. Any information which we receive will be treated confidentially, and will be discussed with you before we make a final decision. After that decision is made the information will be destroyed.

I understand that a Pre-Employment Constancy service check must be carried out before my application for registration/appointment can be confirmed. This has been explained to me and I am aware that spent convictions may be disclosed. I declare that the information I have given is accurate and I consent to the check being made. *Please sign the declaration.*

I declare that the above information is true and agree that I will abide and accept the terms and conditions of membership / participation.

Signed: _____ Date: _____

EVENT COORDINATOR (For Office Use Only)

Comments: (to be completed in line with MCoFS guidance)		
Details Confirmed by:	Name:	Signed:

Please complete and return this form to the MCoFS Office as soon as possible either in hard copy 4
by mail or by email direct to the Development Officer Kevin Howett at
Email: kev@mcofs.org.uk