

VOLUNTEER REGISTRATION FORM

Name -----

Address -----

----- Postcode -----

Tel. No(home) ----- (work) -----

Date of Birth ----- Age -----

Do you have a disability? Yes () No ()

If yes, how would you describe your disability -----

Have you done any voluntary work before? Yes () No ()

If yes, where, and what did you do -----

What are your skills? -----

Employment background -----

Is there anything about your health or personal circumstances that you feel we should know?

Do you have criminal record proceedings outstanding against you?

Yes () No ()

If yes, please give details -----

What days would you prefer to volunteer? M T W Th Fr S

Please circle all areas you are interested in volunteering in,

Office/Admin duties Escorting duties Pushing Wheelchair Users

Driving Minibus Minibus Assistant duties

Please circle where you are interested in volunteering,

Inverness Dingwall Anywhere I am needed

Would you be willing to help in our fundraising activities? Yes/No

Do you have a full clean drivers licence Yes/No

Do you have category D1 entitlement on your drivers licence? Yes/No

Do you consider yourself to be computer literate? Yes/No

References:

Please supply us with names and addresses of two referees- preferably one that has known you for more than 5 years (NB. not family)

Name:

Name:

Address:

Address:

Tel no:

Tel no:

Thank you for your kindness in offering to help out with your local Shopmobility Highland