

Volunteer Application Form

First Name:	Surname:
Home Address:	
Telephone No: (Home)	Telephone No: (Mobile)
Email Address:	

What would you like to achieve through your voluntary work with BIC?

Do you have any support needs? If yes, please specify:

What skills will you bring to BIC?

What role would you like to do?

We deliver meals on a Monday, Wednesday, and Friday in Fortrose area and Tuesday in Culbokie area and have regular intergenerational events. Please indicate which days you could be available?

Monday	Tuesday	Wednesday	Thursday	Friday	My availability varies from week to week

		How do you prefer we contact you? (Please tick all that apply)			
	Landline phone		Mobile phone	Text	Email

How did you hear about Black Isle Cares?

References

Please supply the names and addresses of two referees who know you well. This may be a previous or current employer, neighbour, or supervisor from a previous volunteering project, but should not be a relative.

Name	Relationship to volunteer	Address	Email address

Agreement

Please sign to confirm that the details contained in this form are correct

Volunteer :	Date:
-------------	-------

For Official Use Only: PVG Scheme

Sent to CRBS: ___/___/___ Received: ___/___/___

References Requested:

References Received: Reference 1
 Reference 2

Letter To volunteer: ___/___/___

Approve / Not Approved / Query

Notes: