 

Black Isle Cares

Volunteer **Registration** Form

Please return to admin@blackislecares.com,

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

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| Next of kin / emergency contact |
| Relationship: |
| First Name:  | Surname:  |
| Home Address:  |
| Telephone No: (Home)  | Telephone No: (Mobile) |
| Email Address:  |

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| Which BIC Project would you like to volunteer with (please tick all relevant)?Meals on Wheels:Befriending:Trustee:Intergenerational:Other:  |
| What would you like to achieve through your voluntary work with BIC?  |
| Do you have any support needs? Please specify: |
| Any other information relevant to the post: |

Agreement

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

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| Volunteer: | Date: |

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| For Official Use Only: PVG SchemeSent to CRBS: \_\_\_/\_\_\_/\_\_\_ Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ References Requested: …...................References Received: …............................................................. Reference 1 …............................................................. Reference 2Letter To volunteer: \_\_\_\_/\_\_\_\_/\_\_\_\_Approve / Not Approved / QueryNotes: |