 Shape

Description automatically generated with medium confidence

Black Isle Cares

Volunteer **Registration** Form

Please return to [admin@blackislecares.com](mailto:admin@blackislecares.com),

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

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

|  |
| --- |
| 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

|  |  |
| --- | --- |
| 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: |