

Volunteer Information



Building boats, crews and communities

Contact details

FIRST NAME:

DATE

SURNAME:

Address:

Postcode:

Date of birth:

Phone:

Mobile:

E-mail:

Emergency contact:

Emergency phone:

Please name two referees who can comment on your general character. One of these should not be a relative.

Name:
Address:
Postcode:
Phone:
E-mail:

Name:
Address:
Postcode:
Phone:
E-mail:

What's your availability?

	a.m.	p.m.	eve
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Relevant skills, experience and qualifications (enthusiasm, boat experience, first aid, driving licence, teamwork...)

Would you object to a Disclosure Scotland check being carried out on you?

Yes / No

Because of the nature of the volunteering work (working with potentially vulnerable adults), you are required by the Rehabilitation of Offenders Act 1974 to declare all criminal convictions including those which are spent.

Please give details about any criminal records on a separate piece of paper and return it in a sealed envelope marked private and confidential, attached to the application form. Volunteers will not necessarily be excluded from volunteering should they have convictions which are not relevant to the work carried out.

I declare that the information on this form is accurate and I have not withheld any relevant information. I agree that my basic records may be kept and updated on computer / database until otherwise informed, under the provisions of the Data Protection Act 1990 and I agree also that I may be contacted in writing or by telephone or e-mail

Name:

Signed:

Date:

Please make sure that you've also completed an equal opportunities form and a medical form. Thank!