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| --- | --- | --- | --- | --- |
|  | | | Friends of Craigtoun Volunteer Registration Form | |
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| **Name:** |  | | |  |
| **Address:** |  | | |  |
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| **Email:** | Email: |  |  |
|  |  |  |  |

**Landline**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mobile:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What would you like to achieve through your voluntary work with the Friends of Craigtoun?**

**Do you have any support needs? Please specify.**

**Emergency Contact (Name and number)**

**Previous experience (paid or unpaid)**

**Any other information relevant to the post:**

**Days/hours available**

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

**In what skills/areas can you help? (Please circle)**

**One-off projects Events Amenities**

**Fundraising Crafts/Shop donations Train/Tractor Diver**

**Joinery skills Face painting Boating**

**Other…………………………………………………………………………………………………………………………………….**

**How did you hear about Friends of Craigtoun?**

**Agreement**

**Please sign to confirm that the details contained in this form are a true reflection of the discussion**

Signed by Volunteer Supervisor: Date:

Signed by Volunteer: Date: