

VOLUNTEER APPLICATION FORM

PERSONAL DETAILS:

Surname
Mr/Mrs/Miss/Ms

Forename(s) (in full)

Contact Address
And Postcode

Home telephone number

Mobile telephone number

Date of Birth

E-Mail Address

Do you hold a current driving licence? YES/NO

Please give details of previous voluntary work, if any.

How do you see yourself contributing to the work of the Scottish Cot Death Trust?

Have you had a personal experience of cot death?

Please place a tick beside the areas of Volunteering of most interest.

Distribution of Educational Material locally.	Distribution and collection of collection boxes
Scottish Cot Death Trust Awareness Talks to local groups.	Business Links/Link for your workplace
Representative in area to Collect cheque presentations	Assisting at organised Trust Events
Fundraising at a Local Level	Admin/Clerical duties
Other (please describe)	

Please describe any additional personal strengths/skills you feel are applicable.

REFERENCES

Please give the names and addresses of two persons whom we may contact as references, at least one of whom will have known you for at least three years. (Relatives should not be named).

Name	Name
Address	Address

All information on this form will be treated as confidential

DECLARATION:

I certify that all particulars disclosed are true and correct.

Signature of volunteer.....Date.....