

Police Scotland Angels Volunteering form

Volunteer Application Form

Applicant Information

Name:

Contact Information:

Phone Number:

Email Address:

Mailing Address:

Emergency Contact Information:

Name:

Phone Number:

Volunteer Availability

Days Available:

Hours Available:

Volunteer Preferences please specify

Areas of Interest:

Skills and Experience:

Special Requests:

Volunteer Statement

Please provide a brief statement about why you are interested in volunteering with our organization.

References

Please provide the names and contact information for two references.

Declaration

I declare that the information I have provided in this application is true and correct to the best of my knowledge. I understand that volunteering is a privilege and that I am expected to abide by the organization's policies and procedures.

Signature:

Date:

ADMIN / OFFICE USE ONLY

1 Volunteer role outlined and explained. Y/N

2 References verified and held. Y/N

3 disclosure undertaken Y/N

4 Signed agreements of role in place Y/N

5 policies explained and requirements of specific role Y/N

Review required date Y/N

Any further notes