**Volunteer Application Form**

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| --- | --- |
| **Volunteer role applied for** |       |
| **Name** |       | **Date of birth** | Click or tap to enter a date. |
| **Address** |       | **Postcode** |       |
|  |
| **Telephone number** |       | **Mobile number** |       |
| **Email address** |       | **Preferred method of contact** |       |
| **How did you hear about Dial-OP?** |
|       |
| **Please tell us why you are interested in volunteering with us.** |
|       |
| **What skills or experience would you bring?** |
|       |
| **What do you hope to gain through your volunteering** |
|       |
| **Is there any other relevant information you feel we should know about?** |
|       |
| **Please state your availability, e.g. all day, mornings etc.** |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|       |       |       |       |       |

|  |
| --- |
| **Please give details of two referees who would be willing to comment on your** **suitability as a volunteer with us.** |
| **Referee 1** |
| **Name** |       |
| **Address** |       |
| **Telephone number** |       |
| **Email address** |       |
| **In what capacity do you know this person?** |
|       |
| **Referee 2** |
| **Name** |       |
| **Address** |       |
| **Telephone number** |       |
| **Email address** |       |
| **In what capacity do you know this person?** |
|       |
|  |
| **Please sign and date below** |
| **Signed** |       |
| **Date** | Click or tap to enter a date. |

Thank you for completing this form.

Please return to:

**DIAL-OP**

Dundee Volunteer & Voluntary Action

Number 10

10 Constitution Road

DUNDEE

DD1 1LL

Or by email to:

dialop@dvva.scot

For any queries, please do not hesitate to contact us:

**01382 305757**