**Volunteer Application Form**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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](mailto:dialop@dvva.scot)

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

**01382 305757**