



Volunteer Application Form

Confidential

FIFE COAST & COUNTRYSIDE TRUST

1 Personal Details

Surname: Forename:

Full Postal Address (include street and town):

Postcode: Telephone No:

Email address:

DOB |

(applicants aged 16-17 will have a Young Persons Risk Assessment completed before beginning volunteering)

Why do you want to volunteer? (please give as much detail as possible)

Days of the week you would be available ; (please circle)

MON	TUE	WED	THUR	FRI	SAT	SUN
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How often do you see yourself being able to volunteer : (please circle)

Weekly	Monthly	Less frequently	Special events only	Other :
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Which areas do you wish to volunteer in? Please tick

Townhill & West of Dunfermline	<input type="checkbox"/>
Lochore Meadows Country Park	<input type="checkbox"/>
The Pitcairn Centre, the Lomond Hills Regional Park	<input type="checkbox"/>
St. Andrews and East Fife	<input type="checkbox"/>
Aberdour/Burntisland/Kinghorn Beaches	<input type="checkbox"/>
Elie Beaches	<input type="checkbox"/>
St. Andrews East & West Sands Beaches	<input type="checkbox"/>

2 Background Information

Next of Kin: *(To be contacted in the event of accident/emergency)*

Name	
Address	
Telephone no.	

Please provide information on your current employment and any qualifications you have:

Where did you hear about Fife Coast and Countryside Trust?

(internet, word of mouth ..)

Why have you chosen Fife Coast and Countryside Trust as the organisation you wish to volunteer for?

Please provide details of any previous voluntary work:

What skills and / or services do you wish to offer?

Do you have any criminal or pending charges?

YES	NO
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If "yes" please provide details (Convictions will not automatically disqualify you from volunteering)

If you have concerns about how to complete this section or any of the following sections in this form please contact the Volunteer coordinator)

3 References

If you may be working with children or vulnerable adults we are required to have a Disclosure done and also a reference taken. Can you please provide the names and addresses of someone who may be approached to supply a reference regarding your application. References should be from your employer, tutor, lecturer or any other professional person. **Please do not use a relation or a Ranger / Project worker you will work along side as referee.**

Please check with your referee that they are aware they will be asked to provide a written reference.

Name:	<input type="text"/>	<input type="text"/>
Contact Details:	<input type="text"/>	<input type="text"/>
Phone:	<input type="text"/>	<input type="text"/>
Designation:	<input type="text"/>	<input type="text"/>

4 Photographs

On occasions Fife Coast and Countryside Trust may use pictures taken at events to promote further events, to be placed on our website or to be included in publications. Please tick the box below to give your consent for photographs involving yourself to be used in this manner.

If you do not tick the box we will assume that you are agreeable to your picture being used.

I **agree** to my picture possibly being used in future publications.

I **do not agree** to my picture being used in future publications.

5 Declaration

I declare to the best of my knowledge all information given in this form is correct and true.

Signature: **Date:**

I am parent / guardian of applicant and agree to them volunteering with Fife Coast and Countryside Trust.

Signature: **Date:**

Please return completed application form to:

**Fife Coast & Countryside Trust
The Harbourmaster's House
Hot Pot Wynd
Dysart
Fife
KY1 2TQ**

Guidance on completing the application

1. Personal Details

Name, address, contact number & e-mail address – so that we can get in touch to keep you informed of up and coming or regular events in the volunteering calendar. Your e-mail address is particularly important as we strive to keep our carbon footprint low. We do not pass any details to any other organisations.

Why do you want to volunteer? – this will give us a general idea of your environmental interests in connection with our values at FCCT. Please feel free to use a separate sheet if required.

Days of the week when you are available – for our information should an event come up where we need to contact volunteers for their help.

Volunteering area – Please insert preferred area.

2. General Background information

Next of Kin - this is required to inform your next of kin in case of an accident or emergency during a volunteering activity.

Please supply as much information as possible on your current employment & qualifications, personal interests & hobbies, previous volunteer work and any skills you think relevant.

Criminal convictions - Just because you may have a conviction this need not prevent you from volunteering, just let us know and we can discuss it, confidentially. Please note that an Enhanced Disclosure may be carried out.

3. *Referees* – Two character references will be required.

4. *Photographs* – Please indicate if you wish your photograph to be used by the Trust.

5. *Declaration* – Sign to declare the information you have provided it true and correct.

Additional Information

Medical Data:- this is to ensure we have any relevant medical information in case of an emergency or accident.

Once you've completed these forms please return them to:- Volunteer Coordinator, Fife Coast & Countryside Trust, The Harbourmaster's House, Hot Pot Wynd, Dysart, KY1 2TQ



Additional Information

1. Medical Data

Name of Doctor: _____

Surgery: _____

Address: _____

Post Code: _____

Telephone: _____

Date of last Tetanus injection? _____

Special dietary requirements? _____

Any Allergies? _____

Are there any medical conditions / treatments that your Ranger / Project Officer should know about to keep you safe?_e.g. diabetes, asthma, back problems

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2. Declaration

1. I acknowledge receipt of information about volunteering and understand the nature of the activities I am being asked to undertake and the terms of participation.
2. I have received information about the insurance cover that is in place for the work and understand the scope and limitations of it
3. I declare that, to the best of my knowledge, I am fit to participate in the activities involved and that the medical information given above is accurate. I undertake to notify FCCT if that information changes in any way.

Signature:

Date: