



# Volunteer Application

## Contact Information

Name	
SOC Member?	<b>Yes/No</b> (If No, please provide contact details below)
Address	
Town/Post code	
Home Phone	
Work Phone/Mobile	
Email Address	

## Availability

Please indicate below which days/times you would be available and whether you would like to volunteer on a regular or occasional basis.

- Mon AM/PM
- Tue AM/PM
- Wed AM/PM
- Thur AM/PM
- Fri AM/PM
- Weekends

### Frequency

- Once a week
- Once or twice a month
- Only occasionally (e.g. events or cover when reg volunteers absent)
- Other \_\_\_\_\_

Note: Core hours where volunteer help is sought are weekdays 10am to 4pm. Some events require help at weekends and in the evenings and could occasionally be at other sites in the Lothians.

## Interests

In which of the following areas would you be most interested in volunteering (examples of desirable skills in brackets) – select as many as you like!

- Welcoming visitors (communication, interpersonal, bird ID)
- Office admin (Computer, data input, photocopying/scanning, telephone),
- Shop (Using till/card machine, dealing with customers)

See over >>

## Interests (cont'd)

- Library (computer, photocopying/scanning, information systems)
- Events (communications, marketing/PR)
- Gardening (Know a plant from a weed, be able to push a mower, teamwork)
- Other (please specify) \_\_\_\_\_

## Special Skills and Experience

For the particular areas you are interested in, as indicated above, please provide details of any relevant skills or experience you have acquired from employment, previous volunteer work, or through other activities, including hobbies.

## Additional information

Please use this space to provide any additional information you feel is relevant, including details of any health conditions or special requirements.

## Person to Notify in Case of Emergency

Name	
Relationship	
Home Phone	
Work Phone	
Mobile Phone	

## References

Please provide details of two people we may contact for references. One of the referees should be a past employer or other professional.

### Referee

Name	
Relationship	
Address	
Phone	
Email	

### Referee

Name	
Relationship	
Address	
Phone	
Email	

## Agreement and Signature

I certify that the information contained within this form is true to the best of my knowledge.

Name (printed)	
Signature	
Date	

## Our Policy

It is the policy of the SOC to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for your interest in volunteering for the Club. Please return your completed form to: Wendy Hicks, SOC, Waterston House, Aberlady EH32 0PY or email it to [mail@the-soc.org.uk](mailto:mail@the-soc.org.uk)  
If you have any questions regarding volunteering with us, please call 01875 871330  
The SOC is a registered Scottish Charitable Incorporated Organisation No. SC009859