Volunteer Telephonist Application Form



Please complete in BLOCK CAPITALS

Personal Details						
Name:			How many days would you be prepared to do each month:			
Address:						
Postcode:			When would you be available to start?			
Phone:						
Mobile:						
Email:						
Preferred way of	contact please	delete as appropriate	e: Phone	Mobile	Email	
Availability						
Please indicate the days of the week you would <i>normally</i> be available for telephone duty from 09:30 to 14:00						
	Yes / No	Additional Com	dditional Comments			
Mon						
Tues						
Wed						
Thurs						
Fri						
availability alo Would you like	ngside their pl your contact	sh to swap days withone number on the number and days / n this way? YES / NO	e monthly rota. dates when you a	•		

Please sign and return this application form to: Peter Fenton, Coordinator, SWRCCS, LochTorridon Community Centre, Achnasheen IV22 2EZ email: swrc-carscheme@btconnect.com

DATA PROTECTION ACT 1998 (the Act) - The information you have supplied will be used for the purpose for which you have provided it and any relevant procedures following from this. This data will be maintained in accordance with the Act and will not be passed on or sold to any other organisation without your prior approval unless this is a legal requirement.

I agree / do not agree to the information I have given being held on the South West Ross Community Car Scheme's computer database. (Please delete as applicable)

I agree to inform SWRCCS of any changes to the above information.

Signed:	Date:
B	2 4.00