

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: 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 Comments |
| Mon | | |
| Tues | | |
| Wed | | |
| Thurs | | |
| Fri | | |
| <p>To help Telephonists who wish to swap days with someone else, we normally include people's availability alongside their phone number on the monthly rota.</p> <p>Would you like your contact number and days / dates when you are definitely not free for phone duty to be included in this way? YES / NO (delete as applicable)</p> | | |

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