

Volunteer Registration Form

First Name:	Surname:
Home Address:	
Telephone No: (Day)	Telephone No: (Evening):
Email Address:	
Emergency contact details: Name: Address: Tel:	

What would you like to achieve through your voluntary work at CDLT?

Do you have any support needs? Please specify

Previous experience (Paid or Unpaid):

Any other information relevant to the post:

Days/hours available:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

How did you hear about us?

GDPR

All personal information is subject to GDPR regulations. You can read our policy on our website or contact us for a paper copy. <https://www.armadalecastle.com/privacy-policy>

Agreement

Please sign to confirm that the details contained in this form are correct.

Signed by Volunteer Manager:	Date:
Signed by Volunteer:	Date:

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