

Position applied for (✓ tick): ☐ Equality Networker ☐ Equality Factfinder ☐ Different Paths ☐ Diversity Week

Surname:								
Telephone No: (Evening):								
What would you like to gain from volunteering with Fife Centre for Equalities?								
what would you like to gain from volunteering with Fire Centre for Equalities?								
								
Tell us any experience (work and/or voluntary) you have which might be relevant:								
Are there any reasonable adjustments you would like us to make to enable you to volunteer with us?								
Tell us about your skills, interests or hobbies								



Please i	indicate what d					
Monday	Tuesday	Wednesda	y Thursday	Friday	Saturday	Sunday
How did	l you hear abou	ut Fife Centr	e for Equaliti	es?		
Referenc						
			. .			
	upply the name can be previo				•	
	volunteering o			_		
Name	Relationship	Position	Address	Telephone	Email	
	to referee	or Title		number		
Agreeme	ent					
Please si	ign to confirm t	hat the deta	ils contained	in this form a	are correct.	
Signed by Fife Centre for Equalities Manager:				Date:		
Signed by Volunteer:				Date:		
Signed by Volunteer.				Date.		
For Offic	ce Use Only: D	isclosure So	cotland / PV	G Scheme		
Sent to	Disclosure Sco	otland:/_	/	Received: _	//	
Letter T	o volunteer:	//				
Notes:						