

**Members Details Form**

Please complete and send this form to [victoria.curry@cic.scot](mailto:victoria.curry@cic.scot)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | | |
| **Address:**  *(incl. Postcode)* |  | | | | | |
| **Contact Number:** |  | | | | | |
| **Email Address:** |  | | | | | |
| **Age Range**  (mark x) | **Under 16** |  | **16-30** |  | **31-50** |  |
| **50-65** |  | **Over 65** |  |  |  |
|  |  |  |  |  |  |  |
| **Availability:** *(Please markall that apply with x)* | | | | | | |
| **Monday:** | Morning |  | Afternoon |  | Evening |  |
| **Tuesday:** | Morning |  | Afternoon |  | Evening |  |
| **Wednesday:** | Morning |  | Afternoon |  | Evening |  |
| **Thursday:** | Morning |  | Afternoon |  | Evening |  |
| **Friday:** | Morning |  | Afternoon |  | Evening |  |
| **Saturday:** | Morning |  | Afternoon |  | Evening |  |
| **Sunday:** | Morning |  | Afternoon |  | Evening |  |
|  |  |  |  |  |  |  |
| **Emergency Contact:** | | | | | | |
| **Name:** |  | | | | | |
| **Contact Number:** |  | | | | | |
| **Relation to you:** |  | | | | | |
|  |  | | | | | |
| **Do you have any health conditions or allergies you feel we should be aware of?** |  | | | | | |

All information provided will be stored and kept in accordance with the Community in Cupar Data Protection policy, adhering to all General Data Protection Regulations.

All members submitting this form agree to maintain the best image of the organisation and follow any policies and procedures set by the organisations Board of Trustees

It is the responsibility of each volunteer to ensure any changes to information is informed to Community in Cupar at earliest convenience.

|  |  |
| --- | --- |
| **Signed:** |  |
| **Date:** |  |