

Name			
Address			
Postcode			
Date of Birth			
Email Address			
Phone	Daytime		Evening
	Mobile		

Car Owner?	YES	NO
Have you a valid current driving licence?	YES	NO
Registration No.		
Number of doors?		
Type of vehicle (please tick)		
4 wheel drive <input type="checkbox"/>	Family car <input type="checkbox"/>	Small car <input type="checkbox"/>

Please tick each box when you could be available as a volunteer							
	MON	TUES	WED	THURS	FRI	SAT	SUN
AM							
PM							
EVE							
Or are you happy to be rung at any time? (please tick) <input type="checkbox"/>							

Please give the names and addresses of 2 referees:	
Referee 1	Referee 2

An enhanced Criminal Records Bureau check will be required and you will be notified of the arrangements for this at a later date.

Declaration:	
I declare that, to the best of my knowledge and belief, all statements contained in this form are correct.	
Signature.....	Date.....
<i>[The information given on this form is confidential, will be kept on record for internal Link Scheme purposes only and will not be revealed to any other source.]</i>	

Please return this completed form to: Recruitment Officer, Trowbridge Area Community Link Scheme, c/o Trowbridge Town Council, Civic Centre, St Stephens Place, Trowbridge BA14 8AH