Name Click here to enter text.

Address Click here to enter text.

Post CodeClick here to enter text. Tel No. Click here to enter text.

Mobile Click here to enter text. E-mail Click here to enter text.

Why do you wish to become a Handyperson volunteer Click here to enter text.

Experience with older or disabled people or other relevant experience:Click here to enter text.

Please give details of any skills/Qualifications or Trades (Joinery/Electrical/Other)Click here to enter text.

Hobbies and InterestsClick here to enter text.

When would you be able to start with us and how much time are you able to commit to volunteering with Care and Repair Edinburgh? Click here to enter text.

Do you have any particular health problems or disabililties for which we need to make provision?Click here to enter text.

Please provide 2 referees (not relatives) and a short covering letter of why you want to volunteer with Care and Repair Edinburgh

1 Name Click here to enter text.

Address Click here to enter text.

e-mail Click here to enter text.

Tel No Click here to enter text.

2 Name Click here to enter text.

Address Click here to enter text.

e-mail Click here to enter text.

Tel No Click here to enter text.

DECLARATION

I declare to the best of my knowledge, the information given on this application form is true and accurate.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_