**VOLUNTEER INTEREST REGISTRATION FORM**

Thank you for showing interest in volunteering with Coigach and Assynt Living Landscape Partnership (CALLP). In filling out this form you will receive emails of upcoming volunteer opportunities within the partnership.

**YOUR PERSONAL DETAILS** \*Minimal information required

|  |  |
| --- | --- |
| **NAME\*** |  |
| **ADDRESS**  |  |
| **HOME TELEPHONE** |  |
| **MOBILE TELEPHONE** |  |
| **EMAIL\*** |  |

**Please tick if you would like to be added to our mail list for future events and opportunities in volunteering and training with the partnership □**

To help us contact you about opportunities of interest to you, please tick which projects and activities you would like to be involved with. For more information on these projects and others please see our website [www.coigach-assynt.org](http://www.coigach-assynt.org).

Examples of projects with opportunities for volunteers:

* Acheninver Path
* Achlochan Coastal Heritage
* Clachtoll Broch
* Natural Heritage Data
* Freshwater Lochan Survey
* Quinag Path
* Suilvan Path
* Woodland Expansion
* Crofting Project

Examples of volunteer activities:

* Path maintaining/creating
* Bracken Bashing
* Tree planting
* Ecological surveying/monitoring
* Invasive removal
* Litter picking
* Tree Nursery

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| --- |
| Other: |

Please tell us about any skills or hobbies you may have?

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Please tell us why are you interested in volunteering with us?

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**DATA PROTECTION ACT**

By signing this form you are consenting to Coigach and Assynt Living Landscape Partnership and the Scottish Wildlife Trust processing your data in accordance with General Data Protection Regulation (GDPR) and we confirm that any personal information we hold concerning you will not be communicated to any agency or person outside the Scottish Wildlife Trust or the CALL Partnership.

**Please tick if you agree to us storing your information and using it to contact you with opportunities and news from the partnership □**

**DECLARATION**

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

**SIGNATURE :**

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|  |

**DATE**

Please return filled forms to the CALL office at 1 Old Coach House, Lochinver, Sutherland, IV27 4LE or by email to Vickii at vcampen@coigach-assynt.org.

Thank you for completing this form.