**Please tick the box:**

* I’m applying as a private individual - complete section 1, 3, 4 and 6.
* I’m applying on behalf of a group or company - complete section to section 2, 3, 4, 5 and 6.

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| **Section 1 – Your Details** | | |
| **Name** |  | |
| **Address** |  | |
| **Email** |  | |
| **Preferred phone number (this will be used to mobilise you)** | |  |
| **Alternative phone number** |  | |

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| **Section 2 – Your Organisation’s Details** | | | |
| **Organisation/Group Name** |  | | |
| **Address** |  | | |
| **Website** |  | | |
| **Preferred phone number (this will be used to mobilise you)** | |  | |
| **Alternative phone number** |  | | |
|  | **Primary contact** |  | **Secondary contact** |
| **Name** |  | |  |
| **Role / Job title** |  | |  |
| **Email** |  | |  |
| **Phone number** |  | |  |

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| **Section 3 - Your Skills and Experience** |
| Tell us about yourself or your group |

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| **Section 4 – Your Equipment** | | |
| **Type**  For example: vehicle, boat, drone, communication or medical equipment, generator, temporary shelter, ground clearance machinery. | **Quantity** | **Description**  Tell us what it is and what it can do, including where applicable the make, model, capacity, vehicle registration. |
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| **Section 5 – Your People** (For groups and companies only) | |
| **How many member are you registering?** |  |
| **Member Name** | **Member Email address** |
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**The Community Asset Register Volunteer Application Form**

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| **Section 6 – Your Qualifications**  Provide details where the qualification is relevant to the asset register and you can provide copies of certificates | | | | | |
| **Student name** | **Course name** | **Training provider** | **Issue date** | **Expiry date** | **Copy of certificate provided** |
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By submitting this form to [SFRS.CommunityAssetRegister@firescotland.gov.uk](mailto:SFRS.CommunityAssetRegister@firescotland.gov.uk) I accept responsibility for the information provided and will ensure the equipment and qualifications listed are maintained to a suitable standard.

Where provided, I have permission to give SFRS personal data about the group members.

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| --- | --- | --- | --- | --- | --- |
| **Print Name** |  | **Signature** |  | **Date** |  |