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|--|--|---|--|
| Section 1 - To be completed by the volunteer | | | |
| Name | | MV ID Number <small>(VC use only)</small> | |
| Age | | Location <small>Town or Postcode</small> | |
| How long have you been volunteering? | | | |
| Where do you volunteer? | | | |
| Volunteer role(s) | | | |
| Why did you start volunteering? | | | |
| Did you get an MV Award? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please tick which certificates you have received: | | | |
| 50 hour <input type="checkbox"/> 100 hour <input type="checkbox"/> 200 hour <input type="checkbox"/> | | | |
| Describe a typical day's volunteering | | | |
| | | | |
| Tell us about a memorable moment | | | |
| | | | |
| Please complete the following permission: | | | |
| I agree to this information being passed to Volunteer Development Scotland and understand that it may be used for publicity purposes. | | | |
| Signed _____ | | Date _____ | |
| <small>Volunteer</small> | | | |



| Section 2 - To be completed by the organisation | |
|---|------------------|
| Name of Organisation | |
| Address | |
| | Post Code |
| Telephone | |
| E-mail | |
| Contact name | |
| Role within organisation | |

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| Give a brief outline of volunteer's role within organisation |
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| Unique Contribution – What has this volunteer brought to your organisation? |
| |
| Are there any special achievements or contributions they have made? |
| |
| How have they grown? Please comment on their personal development |
| |
| Signed _____ Date _____ Volunteer Centre representative or Volunteer Manager/Supervisor |