

| For Official Use Only | |
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| Date Received | |

The Ochils Landscape Partnership Volunteers Form

Please complete this form using black ink, and write in BLOCK CAPITALS.

This form may also be completed electronically.

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|------------------------------------|-----------------------------------|--|--|
| Your Details | | | |
| itle Mr Mrs Mi | ss Ms Other | (please state) | |
| orename | Surname | | |
| Address | | | |
| | | 7 | |
| own | Post Code | | |
| Phone Number | E-mail Address | | |
| | | | |
| Please sign me up to the Ochils | Landscape Partnership newsle | etter. | |
| Please contact me by post (our r | normal method of contact is b | y e-mail). | |
| | | | |
| Volunteering Opportuni | ities | | |
| What volunteering opportunities in | nterest you? (Please tick all tha | at annly) | |
| Blairlogie | Dollar | ☐ Local history | |
| ☐ Menstrie | ☐ Muckhart | ☐ Media and communication | |
| ☐ Alva | ☐ The Hills and Glens | Learning new skills | |
| ☐ Tillicoultry | ☐ The River Devon | Helping managing projects | |
| | | | |
| Any other information |) | | |
| | oformation about how you wa | ould like to become involved with the | |
| Dchils Landscape Partnership | mornation about now you we | dud like to become involved with the | |
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| | | nership, a group of local partner organisations, | |

divulge your details to any third party other than the partners in the project and in relation to the Ochils Landscape Partnership. You can request to be removed from our mailing list at any time.

Please return the completed application form to:

Ochils Landscape Partnership **Kilncraigs Greenside Street** Alloa

FK10 1EB

kmcalister@clacks.gov.uk www.clacksweb.org.uk Tel.: (01259) 452 675

E-mail Form

Print Form

Form Issue: April 2012