|  |  |  |
| --- | --- | --- |
| First Name: | Surname: | |
| Home Address: | | |
| Contact Number: |  | |
| Email Address: |  | |
| How would you prefer us to contact you? | |  |
| How old are you? |  | |

|  |
| --- |
| **Please tell us a bit about yourself and why you’d like to volunteer with RASASH.** |
| **What do you think you could bring to Stand Up! as a Ambassador? Do you have any ideas? What sorts of tasks would you be most interested in getting involved with?** |

|  |
| --- |
| How did you find out about Stand Up! RASASH? |
| Please tell us the names of any youth groups/organisations/school/college you go to or are involved with. |

**Reference**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | How do they know you? | Address | Phone number | Email Address |
|  |  |  |  |  |

Are there any barriers to becoming an Ambassador that we could help with?

Anything else you think we should know?

**Thanks for filling in our application!**

Please return this form to: [prevention@rasash.org.uk](mailto:prevention@rasash.org.uk) or ‘Prevention and Campaigns Worker, Rape and Sexual Abuse Service Highland, 38-40 Waterloo Place, Inverness IV11NB’