|  |  |
| --- | --- |
| 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 or ‘Prevention and Campaigns Worker, Rape and Sexual Abuse Service Highland, 38-40 Waterloo Place, Inverness IV11NB’