

Get Involved In Your Community

Name: Dare of application:

Address:

..... Postcode:

Email Address:

Contact Nos: Home..... Mobile.....

Desired Start Date:

Days and Times Available for Volunteering:

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Are you under 18 years of age? Yes No

Are you over 65 years of age? Yes No

Do you have a disability? Yes No

If yes, is there any type of work that you may be unable to carry out?

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Would you be interested in volunteering for any of the following:-

- | | |
|--|--|
| <input type="checkbox"/> Organising Events | <input type="checkbox"/> Working on environmental projects |
| <input type="checkbox"/> Answering the telephone | <input type="checkbox"/> Working with young people |
| <input type="checkbox"/> General administration | <input type="checkbox"/> Reception duties |
| <input type="checkbox"/> Public Relations work | <input type="checkbox"/> Helping with the Lantern Parade |
| <input type="checkbox"/> Distributing the Town Guide | <input type="checkbox"/> Computing |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Giving Talks |
| <input type="checkbox"/> Other | |