



Volunteer Application

Name: _____

Address: _____

Mobile Phone: _____

Home Phone: _____

Email: _____

Next of kin Name: _____

Phone: _____

Area of interest: (please circle all relevant categories)

Admin

Memory Group

Fundraising

Gardening

Hospitality

Book trolley

Driving

Driver Co-ordinator

Projects

Volunteer Co-ordinator

Other (please specify)

Signature: _____

Date: _____

please email a copy of this form to

Fiona Kindleysides: fionakindleysides@btinternet.com