

Volunteer Enquiry Form

Please complete in CAPITALS

First Name Second Name

Title (Mrs, Dr, etc) Male or Female (please indicate) Age DOB

Address

.....

..... Post Code

Telephone (Incl STD) Mobile

Org/School/College Email Address:

Recently completed a CRB check (ages 16+ only)? Y / N If so, when?

Do you have any special needs? Y / N (if so, please describe below / overleaf)

Please indicate which voluntary role(s) you are interested in:

Residential Helper (13+) Residential Staff (18+) Residential Nurse Waking Night Staff(18+)

Fund Raiser/Supporter Residential Activity Organiser Session Activity Organiser

How did you find out about Activenture?

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I understand that my details will be included on an Activenture database in order to inform me of future training opportunities, and my details will not be disclosed to any organisation outside of The Federation of London Youth Clubs. If I am under 18 years of age I also understand that I will need to obtain parental/guardian consent to take part in any activities (separate forms will be provided).

Signed Date

Now please send or fax this document to:

**Les Pond, Activenture Office, Hindleap Warren, Wych Cross, East Sussex, RH18 5JH
Tel: 01342 828218, Fax: 01342 822913**

Office Use Only:

Databased	Training Offered	Count
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