

UVC Volunteer Registration Form

Date:	Name:
Address:	Contact number:
	Mobile:
	Email:

Age	15-18	Over 18	60+
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(for insurance and safeguarding purposes)

Your Areas of Interest

Experience and Skills including relevant qualifications

Location – Can you travel or need to be in the Uckfield area?

Do you have a disability or any special needs requiring add. support? **YES/NO**

Please detail if YES:

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday
10-1					
1-4					

Do you hold a driving licence? **YES/NO**

Please supply the names and addresses of 2 referees. One should be someone who has known you for at least 3 years. Neither can be related to you.

Referee 1	Referee 2
Name:	
Address:	
Email:	
Phone:	
Occupation:	

I have signed and completed a Privacy and Consent Form from the Uckfield Volunteer Centre.

Signature:

Date: