

Volunteer Registration Form

Please complete this form if you are interested in volunteering at Leighton House and Sambourne House.

*All personal information is treated as strictly confidential and is for internal use only.*

Name

Address

Mobile phone

E-mail

Please tell us why you are interested in the role and what skills and experience you could bring

Where did you hear about our volunteering opportunities?

Please send the form back to**tracey.lazarus@rbkc.gov.uk**

Volunteer Emergency Contact Sheet
Confidential

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **DOB:** |  |

**Who should we contact in an emergency?**

Please list at least one person who we could contact if, for example, you are taken ill while volunteering and need somebody to collect you, or who could organise support for you.

|  |  |  |
| --- | --- | --- |
| **Name** | **Contact Number** | **Relationship** |
| **1.**  |  |  |
| **2.** |  |  |

**Do you have any medical conditions you would like us to be aware of?**
If so, please provide a brief description and any medication you may take.

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