

Cletwr

Volunteer Details

NAME: Mr / Mrs / Miss / Ms :

ADDRESS:

POSTCODE:

HOME TEL:

MOBILE:

EMAIL:

DATE OF BIRTH:

PERSON TO BE CONTACTED IN THE EVENT OF AN EMERGENCY

NAME:

TELEPHONE NO:

EXISTING MEDICAL CONDITIONS:

We may also from time to time use photos of our volunteers for publicity purposes. Please sign below to confirm you are willing for your photo to be used in this way.

Signature _____

Photo not to be used

Signature _____

Data protection statement:

Cwmni Cymunedol Cletwr will store your details on a computer system so that we can contact you regarding Cwmni Cletwr activities.

We will not divulge your information to anyone outside Cwmni Cletwr.

What sort of volunteer work would you be interested in:

Work in the shop
Cooking in the café
Specialist skills

General work in the café
General help

What skills can you offer?

Do you have previous experience of work in a shop or café? YES/NO
If so, what sort of experience?

Are you aged 16 or over? YES/NO

If not, what is your age?

(If you're under 16 you must have a letter from a parent or guardian which gives permission for you to work in the shop/café)

When would you be able to work in the shop/café?

Monday	AM	PM	EVE
Tuesday	AM	PM	EVE
Wednesday	AM	PM	EVE
Thursday	AM	PM	EVE
Friday	AM	PM	EVE
Saturday	AM	PM	EVE
Sunday	AM	PM	EVE

Any additional information?

Signature:

Date: