

VOLUNTEER DETAILS -Please complete in block capitals and return to scottie.gregory@btinternet.com or by post to **CCP 43 Barrack Rd BH23 1PA**

Volunteer no. (for completion by coordinator)								
Mr/Mrs/Miss/Ms/Other								
First name:								
Surname:								
Address (including post code):								
Home telephone:								
Mobile telephone:								
Email address:								
Car registration:								
Car make:				Model:				
Comprehensive car insurance renewal date:								
Availability: Please tick the boxes below to indicate when you are NOT available:								
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	
a.m.								
p.m.								
evening								
Preferred visit areas (please tick):								
Highcliffe/Walkford					Burton/Somerford			
Central Christchurch					West Christchurch			
All of the above								
I am happy to be asked to visit outside my preferred area in exceptional circumstances if no other volunteers are available YES / NO (please circle)								
In case of emergency, please contact:								
Name:				Contact number:				
DBS check complete (for office use)								
Notes (for office use)								