Date:



 VOLUNTEER REGISTRATION FORM

If you would like to consider volunteering at The Lightbox, please fill in this form. If you would like to know more about volunteering opportunities at The Lightbox, please phone 01483 737800. All information will be treated as strictly confidential.

 I would like to consider volunteering at The Lightbox.

 Name

 Address

 Postcode

 Mobile

Phone number

 Email Date of Birth

I am interested in training to be a volunteer at The Lightbox because:

I can commit t

o half a day (3½ hours) per fortnight

I can commit

t to more than half a day per fortnight

The Lightbox is committed to Equal Opportunities. If you require any special arrangements to be made for you to volunteer, please let us know here:

You do not need any qualifications to be able to volunteer but if you would like to tell us about any skills that you do have, please list them here:

Where did you hear about volunteering opportunities at The Lightbox?

**Thank you for your interest**.

Please return this form to:

Date received:

Constituent ID

Julie Hynes, Volunteer Co-Ordinator.

Julie.hynes@thelightbox.org.uk

The Lightbox, Chobham Road, Woking, GU21 4AA