

VOLUNTEER REGISTRATION FORM

Name _____ Age (if U 18) _____

Address _____

_____ Postcode _____

Email _____ Tel _____

What are you interested in?

- | | | |
|--|---|---|
| <input type="checkbox"/> Organising Events | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Workshop Leading |
| <input type="checkbox"/> Stewarding | <input type="checkbox"/> Marketing and PR | |

Do you have expertise in any particular arts area?

Do you hold any of the following?

- | | | |
|--|--|--|
| <input type="checkbox"/> Guernsey Standard
Police Check | <input type="checkbox"/> Guernsey Enhanced
Police Check | <input type="checkbox"/> First Aid Certificate |
| <input type="checkbox"/> Driving licence | | |

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