The MAPP Centre

22 Mount Pleasant

Silver Street

Reading

RG1 2 TD

01189168412

01189168413



**Contact and Information Form for Volunteers**

To be kept on file and must be available at every drop in session or meeting on the premises or alternative venue.

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone Number |  |
| Date of Birth |  |
| E-Mail Address |  |

|  |  |
| --- | --- |
| Name of Next of Kin (relationship)/Emergency) |  |
| Telephone Number |  |
| Address |  |
| E-Mail Address |  |
| Please ensure that these contacts are aware of this responsibility | |

|  |  |
| --- | --- |
| Name of Next of Kin (relationship)/Emergency) |  |
| Telephone Number |  |
| Address |  |
| E-Mail Address |  |
| Please ensure that these contacts are aware of this responsibility | |

Are you happy for us to contact you about future events, activities and news about the drop-in services? 🞎 Yes 🞎 No

Notes e.g. allergies or anything leaders should be aware of?

|  |
| --- |
| …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

Any change of circumstances must be recorded on a new form.

Please provide the names, addresses and contact details of two referees:

|  |  |
| --- | --- |
| Name | Name |
| Address | Address |
| Post Code | Post Code |
| Phone | Phone |
| Email | Email |

I agree to abide by Phab’s philosophy, aims and objectives and its **Child/Vulnerable Adult Policy**.

Print Name: …………..……………………………...

Signature: …….…………………………………….

Date: …………………………………………..