



Association of Movers and Shakers
Volunteer Registration Form

Personal details (please print all information)

Surname:
First name(s):

Please tick appropriate box:

Mr Mrs Ms Miss Other (please specify)

Address:
Telephone no.:
Contact email address:

Next of kin* (for contact in emergency)*or friend or neighbour

Surname:	First name(s)
Address:	
Contact telephone number:	
Relationship to you:	

- i) I have read the paper Information for Volunteers and understand the requirement to maintain confidentiality in all aspects of the Association's work.
- ii) I have received the Volunteer Information Pack which includes a copy of the Association's Aims and Objectives and documents relating to the protection of vulnerable adults, data protection and Drivers: Information for Volunteers and Members.
- iii) I understand that all information given to the Association of Movers and Shakers will remain confidential.

Signature: _____ Date: _____

NIE NO..... Driving License or Residencia.....

Seen by
(Print Name) (Signed)