



Regis Centre
Belmont Street, Bognor Regis, PO21 1BL
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Admin: 01243 867676
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www.regiscentre.co.uk

Volunteer Application Form

Name: _____ Are you over the age of 18? Yes No

Address: _____

_____ Post code: _____

Telephone Number: _____

Email: _____

Emergency Contact Numbers:

1) Name: _____ Tel: _____ Relationship: _____

2) Name: _____ Tel: _____ Relationship: _____

GP's Name: _____ Tel: _____

Do you have any medical problems we should be aware of? Please give details below:

AREAS OF INTEREST

Charity Shop

Café

Box Office

Usher

Admin

Maintenance

Marking and Publicity

Fundraising

Technical

What days would you be available to come in to help?

MON

TUE

WED

THU

FRI

SAT

SUN

Please detail any relevant experience that you have:

Please note that we maintain a CRB screening system where necessary.

I authorise all medical and surgical treatment, x-ray, and any other medical and/or hospital procedures as may be performed or prescribed by the attending doctor or paramedic. In the event that emergency contacts cannot be made, I confirm that I waive my rights to informed consent of treatment.

Signature: _____ Date: _____