



**Do you have a disability or any problems with your health which we need to consider when seeking a placement for you?** Yes No

If yes, please give details: .....  
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Please note below the names & addresses of two people we may contact for a character reference:- (not relatives)

1. ..... ..... ..... ..... Tel.No: .....	2. ..... ..... ..... ..... Tel.No: .....
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Signature of Volunteer: .....

E-mail address if available:.....

Date: .....

As a new volunteer you may be asked to help out with any of the following tasks according to your skills and our requirements at the time of application. Any necessary training or instruction will be given.

- Pouch sorting (emptying pouches, turning labels, etc.)
- Registration (preparing pouches for dispatch and marking register)
- Reading
- Recording
- Copying

Please send the completed form to Donna Page, (Chairman), 88 Alexandra Road, Lowestoft, NR32 1PL

Details will be entered on our computer database and office records and held in accordance with the Data Protection Regulations..