

Pewsey Vale Timebank

Your details -

Last name.....

First name.....

Address.....

.....

.....**Postcode**.....

Telephone.....

Mobile.....

Email.....

In case of an emergency, who should we contact?

Name.....

Address.....

.....**Postcode**.....

Telephone.....

Mobile.....

Relationship to you.....

When could you be available to give some time? Please tick.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							
Flexible							

How did you hear about the Time Bank?

.....

PTO.

Do you hold a current driving licence? (Please circle) YES NO

Do you have use of a car? (Please circle) YES NO

Do you have any medical condition, (or are you taking any medication) that we should know about?

.....

References.

In order to ensure that you are safe while taking part in Time Bank activities, we take up references for everyone involved in the scheme. Your referees should be people who know you well, but who are not members of your family.

1st referee:

Last name.....

First name.....

Address.....

.....Postcode.....

Telephone.....

2nd referee:

Last name.....

First name.....

Address.....

.....Postcode.....

Telephone.....

Volunteer's

signature.....

Print name.....Date.....

Thank you!