

Volunteer Registration Form

NAME:

ADDRESS:

POST CODE:

TELEPHONE:

MOBILE:

EMAIL:

DATE AVAILABLE FROM:

DAYS AVAILABLE: (please tick)	MONDAY	
	TUESDAY	
	WEDNESDAY	
	THURSDAY	
	FRIDAY	
	SATURDAY	
	SUNDAY	

TIMES TO AVOID: (please indicate against day)	MONDAY	
	TUESDAY	
	WEDNESDAY	
	THURSDAY	
	FRIDAY	
	SATURDAY	
	SUNDAY	

IF VOLUNTEERING TO BECOME A WEALDEN WHEELS DRIVER PLEASE COMPLETE DETAILS BELOW

DRIVING LICENCE NUMBER

DATE OF EXPIRY

LICENCED VEHICLE GROUPS

Volunteer Registration Form

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