

FUNDRAISING VOLUNTEER REGISTRATION FORM

NAME.....

ADDRESS.....

.....

..... Postcode.....

Contact Number (Day)..... Contact Number (Eve).....

E-Mail
Address.....

Date of Birth..... Ethnic Origin.....

Are you spinal cord injured? YES/NO

If yes, what is your level of injury?.....

Are you a member of SIA? YES/NO

Please give a brief description of your reasons for wanting to volunteer and list any particular skill(s) you have which you feel may be useful to the organisation (e.g. computing, etc)

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Approximately how many hours per week do you think you can spare?

Do you have any specific days/times you'd like to volunteer?.....

Which areas of fundraising would you like to volunteer for?
(please tick as appropriate)

Fundraising administration

Volunteering at events/conferences

Bucket collections (e.g. at local shopping centres)

Speaking about SIA to local groups; e.g. rotary clubs or church groups

References

Due to the nature of fundraising, you may be asked to handle or come into contact with money and/or sensitive information. Therefore we ask that you provide the names of two people well known to you who would be prepared to act as referees to your good character.

Name.....	Name.....
Address.....	Address.....
.....
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Email.....	Email.....
Phone.....	Phone.....

***Please mark this form confidential and return to:
Elizabeth Wright, Community Development Coordinator, Spinal
Injuries Association
SIA House, 2 Trueman Place, Oldbrook, Milton Keynes, MK6 2HH***

Thank you for your support of SIA!