

# STUDENT VOLUNTEER REGISTRATION PACK



## Student Volunteer Registration Form

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(Please print in block capitals)

Name:
Address:
Date of Birth:
Mobile/Contact No:

Parent/Guardian – please can you sign as your consent for the above named volunteering with the club	
Name:	Mobile/Contact No:
Address:	

Do you suffer from any medical conditions, illness, disability or allergy?

Why do you want to join The Butterfly Club?

Have you worked with children before? Describe.

What are your hobbies?

What do you think you would be good at in The Butterfly Club?

Signed:	Date:
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