

Units 1-3 Ayr Street Workshops, Ayr Street, Nottingham NG7 4FX. Tel: 0115 9792433

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VOLUNTEER REGISTRATION FORM

First Name	Surname	
Address		
Tel	Email	
Date of Birth	Male / Female/ Other	Ethnicity/ Nationality
Next of Kin	Ro	elationship
Contact		
Which volunteering role		
What is your experience	e in this role? Please describe.	
Do you have any particu	ular skills/ interests/ experience t	hat might be helpful to share with NBW?

This information will be kept confidential and destroyed when you cease to be a volunteer

Do you have any existing knowledge of bicycle maintenance? Yes/No If Yes, please give some information:
Is there anything particular you want out of your time as a volunteer?
Commitment:
Please indicate the level of commitment you are able to apply to this role:
hours per week / month (delete as appropriate)
or
Would you like to work for outdoor activities and one off events?
Yes / No
Any physical/ mental/ other issues that you think it would be helpful for us to know?
Do you give permission for photographs of you to be used to promote Nottingham Bikeworks? Yes / No I give permission for this information to be put on a confidential database for monitoring and feedback.
Volunteer signature