REGIS CENTRE & ALEXANDRA THEATRE

Regis Centre
Belmont Street, Bognor Regis, PO21 1BL
Box Office: 01243 861010
Admin: 01243 867676
info@regiscentre.co.uk
www.regiscentre.co.uk

Volunteer Application Form

Name: ______________________________ Date of Birth: _____ / _____ / _______

Address: ____

______________________________ Post code: ______________________________

Telephone Number: ____

Email: ____

Emergency Contact Numbers:

1) Name: ______________________ Tel: ____________________ Relationship: _____
2) Name: ______________________ Tel: ____________________ Relationship: _____

GP's Name: ____ Tel: ___________

Do you have any medical problems we should be aware of? Please give details below:

____

____

REFERENCES:

Please provide the details of two referees, including their full postal addresses and/or a legible email address. The referee cannot be a relative, including by marriage or long-term partner, and must have known you for a minimum of two years. You may only use one workplace colleague.

1) Name: ______________________ Email: ___________________________________

Address: ____

2) Name: ______________________ Email: ___________________________________

Address: ____

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AREAS OF INTEREST

Charity Shop ☐ Café ☐ Box Office ☐

Please detail any relevant experience that you have:

____

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Please note that we maintain a DBS screening system where necessary. I authorise all medical and surgical treatment, x-ray, and any other medical and/or hospital procedures as may be performed or prescribed by the attending doctor or paramedic. If emergency contacts cannot be made, I confirm that I waive my rights to informed consent of treatment.

Signature: __________________________ Date: __________________________