Pentlands Activity Camps

Volunteer Assistant Leader Application

|  Name: DoB: |
| --- |
| Address: |
| Home Tel: |
| Mobile: |
| Email: |
| Parent/Carer Name:Address:Tel:Mobile: |

| Medical details: Do you have a medical condition that PAC needs to know about? If so, please give details here  |
| --- |
| GP name & address Tel: |
| High School Year: |
| Please tell us about any previous volunteering / work experience you have: |
| What skills/ talents / hobbies /interests do you have?  |

Parental Permission:

If you are under 18, please ask your parent to sign this form below:

I give permission for my child, ………………………………………………..to volunteer as an assistant leader with Pentlands Activity Camps

Volunteer’s Signature: Date

Parent’s Signature: Date

If you are over 18 then please sign below;

Signature Date