

**THE FRIENDSHIP CABIN VOLUNTEER PROFILE**

**Title (Mr Mrs Ms )**

**First Name:**

**Last Name:**

**Known As:**

**Gender:**

**Date of Birth:**

**START DATE:**

**CONTACT INFORMATION**

**Phone (home):**

**Phone (mobile):**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Marital Status:**

**Spouse/ next of Kin:**

**Emergency Contact:**

**Residential Address \_**

**Smoker:**

**Hobbies and Interests:**

**Dietary Requirements:**

**Additional information / concerns need to know (Diabetes/stroke/ Dementia etc)**

**Why would you like to volunteer with The Friendship Cabin?**

**Do you have any previous training?**

**Any previous convictions or criminal offences?**

**No medication is monitored by any one so please take any medication advised by their doctor at their own risk while you are at The Friendship Cabin.**

Tick here if you have no objection to **The** **Friendship Cabin** holding your personal information. We guarantee that it will no be passed to a third party.-------

Photographs are taken at all sessions for our records and to share on social media, newspaper etc.

If any volunteer leaves The Friendship Cabin the details will be stored for a month and destroyed.

**Volunteers Signature:**

**Date:**