|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Address |  | | |
| Contact Number |  | Email |  |
| Date of Birth |  | Profession |  |
| Coat Size | Small / Medium / Large / X Large / X X Large | | |
| How did you hear about the Windsor Street Angels? | | | |
|  | | | |
| Why do you want to volunteer as a Windsor Street Angel? | | | |
|  | | | |
| Do you have a valid First Aid Certificate? Yes / No   * If yes please provide date of training and name of certifier: | | | |
| Do you have any other skills or training which may be useful as a Windsor Street Angel? | | | |
| Do you have any medical conditions that we should be aware of? | | | |
| Do you have any criminal convictions? Yes / No   * If yes please provide further details: | | | |
| Name of Emergency Contact: | | | |
| Relationship to you | | | |
| Contact number | | | |
| Are you active with any other community groups such as charities or churches? Yes / No  If yes please provide details: | | | |

**Declaration: I agree to read and abide by the policies and procedures of Windsor Street Angels**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_