



Volunteer Form

Title: Mr. Mrs. Ms. Miss.

First Name: _____ **Last Name:** _____

DOB: _____

Languages Spoken: English Welsh

Address: _____ **Town:** _____

County: _____ **Postcode:** _____

Home Phone: _____ **Mobile:** _____

Email: _____

Your Status: Professional Student
 Other (Please Specify) _____

Name of Church attended: _____

Name of Activity for which you are volunteering:

Reverb: Wednesday Drop-in 3-6pm (Yr7-8)
 Friday Drop-in: 7:30-10:30pm (Yr9-13)
 Maintenance Cleaning (when required)
 Food preparation during drop-in opening times
Do you have a food hygiene certificate? Yes / No
 Other (Please Specify) _____

YFC: Fundraising
 Office Work (Newsletter/Mailings/etc)
 Other (Please Specify) _____

Best time of day to contact you: _____

Any Comments: _____

Thank you for volunteering!

Please complete form and send via email to sophie@llandudno-yfc.com
or post to: Llandudno YFC, 39 Madoc Street, Llandudno LL30 2TL