

Please return this form ASAP to Barbara Kennedy 46 Carmean Road, Magherafelt BT45 5HU

## Millennium Volunteer Registration Form

Name:
Unit Name
*Home Address:
*Tel:
*Email:
Date of Birth:
MV Signature:

\*Girls under 16 cannot give permission themselves for their contact details to be shared. Parents and guardians must give written permission on their behalf. This means to keep in contact I require written permission.

I'm happy for Barbara Kennedy (MV Co-ordinator) to contact \_\_\_\_\_

### Parent/Guardian consent

Print name \_\_\_\_\_ Signature \_\_\_\_\_

### Office Use

Start Date:

Finish Date:

Record Booklet Received:

50hrs certificate Received:

100hrs certificate Received:

200hrs certificate Received:

