



I would like to become a

VOLUNTEER for THE HYTHE PANTRY



(Please circle and indicate your preference)

REGULAR// OCCASIONAL

WEEKLY// MONTHLY

Name:

Address:

Contact Numbers: (Please circle & indicate your preference)


Primary: Mobile/Landline:

Secondary: Mobile/Landline:

E-mail address:

I hereby give my permission for my details to be stored on electronic media/ systems/smart phones for administration purposes associated with THE HYTHE PANTRY Volunteers.

Signed.....Dated:.....

This is an expression of initial interest~ once received you will be contacted by the Rainbow Centre's  'Volunteers' Officer', Kaye, who will provide you with further details including the 'Training Programme' which includes safeguarding, manual handling and allergen awareness. All volunteers will be required to complete a DBS check which goes through the Rainbow Centre's account.



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