

PAB

**Peterborough Association
for the Blind**

Volunteer application form

Name: _____

Address: _____

Contact details: _____

Phone: _____

Mobile: _____

Email: _____

Emergency contact name, address and phone number: _____

Are you over 18? _____

Please give the names and contact details of two people who can act as references for you (Please note that these should not be relatives): _____

Do you have any medical conditions that might affect your ability to carry out this role? _____

Please return the completed application to PAB, Centre 68, 68b Westgate, Peterborough, Cambridgeshire, PE1 1RG.

Tel: 01733 344 844 **Email:** info@mypab.org.uk **Website:** www.mypab.co.uk

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