



PAB, Centre 68, 68b Westgate, Peterborough, PE1 1RG  
Registered Charity 201532

T: 01733 344844 | [www.mypab.org.uk](http://www.mypab.org.uk) | [info@mypab.org.uk](mailto:info@mypab.org.uk)

# Volunteer Application Form

Date	
Name	Mr/Mrs/Miss/Ms  First Name:  Last Name:
Address	   Postcode:
Contact Details	Phone:  Mobile:  Email:
Emergency Contact	Name:  Address:  Phone:  Relationship:

Date of Birth	
<p>References</p> <p>Please give the name and contact details of two people who can act as references for you. Please note they cannot be relatives.</p>	<p><b>1. Name:</b></p> <p>Address:</p> <p>Phone:</p> <p>Relationship:</p> <hr/> <p><b>2. Name:</b></p> <p>Address:</p> <p>Phone:</p> <p>Relationship:</p>
Previous experience that may be relevant to the role	
Reasons for Volunteering?	
Do you have any medical conditions which may affect your ability to carry out this role?	
How and where did you hear about Peterborough Association for the Blind?	

**I certify all information is true and has been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest.**

Please complete and return the completed application to: Peterborough Association for the Blind, Centre 68, 68b Westgate, Peterborough, PE1 1RG

Or email to [info@mypab.org.uk](mailto:info@mypab.org.uk)