 **Swim volunteer application form**

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| --- | --- |
| **Role Applied For:****(if known)** |  |
| **Where did you see the post advertised?** |  |
| **Days and times available:** |  |
| **Name** |  | **Title** |  |
| **Address** |  | **Postcode** |  |
| **Contact Number** |  |
| **E-mail** |  |
| **If under 18- Parental/guardian consent given** | **Signed:** | **Date** |  |
| **Relationship to Applicant:** |  |

The information you give to Sparkle is important to us. We will keep your information safe and secure. If you would like to change any of your information please tell us. For more information please just see our website.

**Thank you for your interest in volunteering with Sparkle. Please return completed form to:**

Sparkle Office

Serennu Childrens Centre,

Cwrt Camlas,

Rogerstone,

Newport NP10 9LY

recruitment@sparkleappeal.org