

**SNAAP  
Volunteer Registration Form**

Name	Date of birth
Address	Postcode
Phone	Mobile
Email	

**Skills and interests**

Please list any previous experience that you have with children/special needs  
(If you do not have any experience please be honest, we understand that everyone has to start somewhere!)

Please list any interests/hobbies/skills that you have  
(This is so we can ensure you get the best experience volunteering with us)

**References**

Please give the names and addresses of two people who can provide a reference for you. They will only be contacted with your permission.

Name	Name
Position they hold	Position they hold
How they know you & for how long	How they know you & for how long
Address	Address
Phone	Phone
Email	Email

**Please highlight when you are usually available**

(This is to give us an idea of what sessions you will be able to assist with and is not set in stone, we are very flexible!)

- Weekday evenings (please state any days that are best for you)  
\_\_\_\_\_
- Weekends (please state any days that are best for you)  
\_\_\_\_\_
- School holidays (please state any that are best for you)  
\_\_\_\_\_

**Please tick if you attend any of the following**

- Cccu
- Uni kent
- School (please state which one) \_\_\_\_\_
- Agency (please state which one) \_\_\_\_\_
- Other (please state which one) \_\_\_\_\_

Name .....

Signature ..... Date .....

Please complete this form and return to:

Natalie Simmons  
SNAAP, Windchimes, Reynolds Close, Herne Bay, Kent. CT6 6DS