



VOLUNTEER REGISTRATION FORM

Please complete all the fields below and return this by email or to the address below as soon as possible after receiving it. Please note that by returning this form you are confirmed as a Breast Cancer Care *Pink Ribbonwalk* volunteer!
Please provide as much information as possible to ensure we plan according to your needs on the day and are able to contact you.

Name: _____

Which *Pink Ribbonwalk* are you available to volunteer at? Please tick:

Petworth House & South Downs <i>Pink Ribbonwalk</i> – Saturday 8 May 2010	<input type="checkbox"/>
Scone Palace & Perthshire <i>Pink Ribbonwalk</i> – Saturday 15 May 2010	<input type="checkbox"/>
Blenheim Palace & Cotswolds <i>Pink Ribbonwalk</i> – Saturday 22 May 2010	<input type="checkbox"/>
Harewood House & West Yorkshire <i>Pink Ribbonwalk</i> – Saturday 5 June 2010	<input type="checkbox"/>

Please provide us with full contact details:

Full Postal Address:	_____

Email Address:	_____
Daytime telephone number:	_____
Mobile telephone number:	Please bring this with you on the day and make sure it is fully charged as this is our way of communicating with you _____

Other information:

T-shirt size:	T-shirts are loose fitting <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X Large
Dietary requirements:	If you have any special dietary requirements please state them below. We will try our best to accommodate everyone. <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Other- please state: _____
Vehicle:	Do you have a car which you would be willing to use as part of your role on the day? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state how many people you can seat (including driver) _____
Specialised roles:	Included in the pack there is a short list of specialised roles to be filled at the <i>Pink Ribbonwalk</i> . If you have any of the required skills please state below. _____
Your preferred roles:	We cannot promise to allocate you your preferred role on the day. However, if you have any preferences, constraints, or if there is anything else we should know in organising your jobs for the day, please state them here. We may allocate a number of roles to each person throughout the day. _____ _____ _____
Timings:	Ideally we would like you to be with us all day (7:30am – 7.00pm). If you will be unable to make these times, please state your availability below: _____
Extra:	If you would like to be paired with a friend please let us know their name. _____
Other:	What are your reasons for helping and how did you hear about volunteering? _____

If you know anyone else who is interested in being a volunteer, please photocopy this form and ask them to fill it in and send it to us by email or in the post. If you know anyone who wishes to walk, please ask them to contact pinkribbonwalk@breastcancercare.org.uk or call 0870 145 0101.

Send completed forms to: Georgina Bawden, Breast Cancer Care, 5 - 13 Great Suffolk Street, Southwark, London, SE1 0NS or email georgina.bawden@breastcancercare.org.uk.

Upon receipt of your registration form you will be sent a confirmation email or phone call. Thank you once again for donating your time to the Breast Cancer Care *Pink Ribbonwalk*.