



Pocket Rocket Volunteer Team

Registration Of Interest



Name: _____

Contact email: _____

Contact phone number: _____

Please tell us the area/s of volunteering you are interested in:

Please hand this form to a member of the staff team (They will be wearing I.D. badges).
They will then make contact with you about joining the Pocket Rocket Volunteer Team.

Office Use Only:

Date received: _____

Date contact with applicant made: _____

Initials of staff who made contact: _____

Comments

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