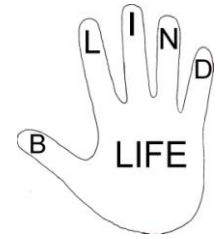


# B.L.I.N.D.



(Blind Life IN Durham)  
Charity Reg No. 1124381  
Company No: 6567582

## VOLUNTEER APPLICATION FORM

All information will be treated in confidence to assess your suitability as a volunteer.

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POSTCODE \_\_\_\_\_

TELEPHONE NO \_\_\_\_\_ MOBILE \_\_\_\_\_

EMAIL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

### DO YOU HAVE A CRB / DBS CERTIFICATE UNDER 6 MONTHS OLD?

YES  NO

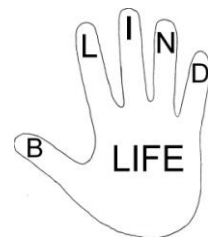
### CAN YOU PROVIDE REFERENCES?

YES  NO

### PERMISSION TO USE PHOTOGRAPHS

I agree that Blind Life in Durham may use photographs of me for any lawful purpose, including such purposes as website and publicity material.

YES  NO



For more information contact 01388 763501, email [blindlifeindurham@gmail.com](mailto:blindlifeindurham@gmail.com)

or find us on [www.blindlifeindurham.org.uk](http://www.blindlifeindurham.org.uk)

**EMERGENCY CONTACT DETAILS**

Name of Contact \_\_\_\_\_

Telephone No \_\_\_\_\_

If accepted I agree to abide by the policies and procedures of **B.L.I.N.D.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please send this form to:

Blind Life in Durham  
8 Brookside Avenue  
Crook  
County Durham  
DL15 8LB