



**Registration Form**

I would like to register an interest in the NYMR Junior Volunteers activities. The personal details of the potential Junior Volunteer are as follows:

Surname:..... Firstname.....

Gender: M/F (please delete as appropriate) Date of birth.....

Address.....

.....

.....Postcode:.....

Medical information.....

.....

(Please provide any details which might be relevant to work in a safety critical environment)

- I am interested in work with:  The main Junior Volunteers Group  
(tick one or more boxes)  The MPD Junior Volunteers  
 The Sunday Squad

Name of responsible adult.....  
(please print clearly)

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

Please state relationship: Parent/Guardian/other.....

Address.....

.....

.....Postcode:.....

It will help us to send you up-to-date information if you can supply us with an email address. NYMR undertakes to use the email address and all other details on this form only for the purpose of Junior Volunteer activities.

Email address:.....  
(please print clearly)

Tel No:.....  
(please supply a landline number to keep costs down)

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Please return the completed form to: **Learning Department, The Learning Centre, 12 Park Steet, Pickering, N. Yorks, YO18 7AJ**