**Willesden Jewish Cemetery, House of Life Volunteer Registration Form**

**Part 1: Personal Details**

|  |  |  |
| --- | --- | --- |
| Title |  | Address |
| First name(s) |  |  |
| Surname |  |
| Day phone |  |
| Mobile |  |
| Email |  |

**Part 2: About You**

What sort of volunteer role are you interested in? (e.g. tour guide, gardener etc)

Availability. How regularly would you like to volunteer, and when?

Background and interests Please give brief details. This can include your skills and experience, hobbies, interests and previous volunteering roles.

Why do you want to volunteer at Willesden Jewish Cemetery?

Do you have any particular access requirements or health conditions that we should be aware of?

**Person to contact in case of emergency**

|  |  |
| --- | --- |
| Name |  |
| Relationship to you |  |
| Phone number |  |

**References**

Please provide contact details of two people (not related to you) who we can contact to comment on your character and ability to carry out this role.

|  |  |  |
| --- | --- | --- |
| Name |  | Name |
|  |  |
| Telephone | Telephone |
|  |  |
| Email | Email |
|  |  |
| How do you know this person? | How do you know this person? |
|  |  |

The information you have provided on this form will be only be used and stored securely by Willesden Jewish Cemetery ‘House of Life’.

Please also let us know if you require any assistance in completing this form.

**If completing this form digitally, please return completed forms as an attachment to:**

**vproctor@theus.org.uk**