

Good Friends Registration Form

Your details will be stored securely and not shared with any third parties

Title:		Full Name:	
Address Line 1:			
Town:		Postcode:	
Mobile Telephone:			
E-mail Address:			
Date of Birth:		Gender:	

In which area(s) would you like to get involved?

<input type="checkbox"/> Darlington	<input type="checkbox"/> Craven	<input type="checkbox"/> Hambleton	<input type="checkbox"/> Richmondshire
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How many hours do you have free to volunteer each month?

<input type="checkbox"/> 0-1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5-10	<input type="checkbox"/> 10-15	<input type="checkbox"/> 16+
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Would you like to become a Good Friends Champion for your area?

Note: Champions of Good Friends can get further involved with the project by promoting the service in their area.

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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I declare that the information I have provided is fully accurate and my data will be processed in accordance with Good Friends policies and may be subject to a DBS check:

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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We'd like to keep in touch so you can stay up to date on news and events from Good Friends in your area. We promise to never share your details with any third parties:

<input type="checkbox"/> E-mail	<input type="checkbox"/> Telephone	<input type="checkbox"/> Letter
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Upon completion, please return to:

Craven: Age UK North Craven, Cheapside, Settle, North Yorkshire, BD24 9EW

Darlington, Hambleton & Richmondshire: Age UK NYD, Bradbury House, Beaumont St West, Darlington, DL1 5SX