

Date of joining: / /

Date of birth: / /

Male

Female



Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

House No & Road Name: \_\_\_\_\_

Town: \_\_\_\_\_ County: \_\_\_\_\_

Country: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Work No: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Where do you go to School? Or College? Or are you Employed?**

School: \_\_\_\_\_

College: \_\_\_\_\_

Employment: \_\_\_\_\_

**Would you be interested in being on the Youth Committee?**

YES:  NO:

**Please ✓ the box if your family is receiving any of the following**

(This information is to help us keep Skaterham affordable for all)

Housing Benefit  Disability Living Allowance

Income Support  Other concession

Job Seeker's Allowance  (Please state) \_\_\_\_\_

**Skaterham Activities: Please ✓ the relevant box / boxes**

Skateboard:  Scooter:

Blades/Inline skates:  Table Tennis:

BMX:

**Your Interests: Please ✓ the relevant box / boxes**

PC / Internet / IT  Other:   
(Please state) \_\_\_\_\_

Photography / Film:

Street Football

Ramp Build/Maintenance:

**Ethnicity**

Please ✓ the relevant box

White:

Black:

Asian:

Mixed:

Other:

(Please state) \_\_\_\_\_

Data Protection Statement:  
This data collection complies with the Data Protection Principles, is strictly confidential and will be used to provide better services for our members.

**\*\*\*\*\*IMPORTANT\*\*\*\*\***

PLEASE LIST ANY MEDICAL CONDITION WHICH YOU FEEL THAT OUR STAFF NEED TO BE AWARE OF, INCLUDING ANY ALLERGIES

.....[CR3 Questionnaire (Revised 8/6/2009)]

**CR3 Volunteer Agreement Form – age 26+ years**

To use the Sk8Park it is a requirement that you would be prepared to 'Volunteer' your time or services if requested.

I agree to volunteer my time/services if requested:

Signed: \_\_\_\_\_

Date: / /

**Thank you for taking the time to complete this questionnaire**

**PLEASE TURN OVER & SIGN THE BACK**