



Please complete in block letters and return to:

Michelle Kitch, Kingston Mencap, The Searchlight Centre, Kingston Road, New Malden
KT3 3RX

Office Tel: 020 8 546 2837(All information provided will remain confidential and in
accordance with data protection act)

Full Name Address

Post Code

Email Address

PARENTAL CONSENT FORM Volunteer under 18 years

Date of birth:

Telephone No Mobile No

Volunteer Role: To support members with a learning disability at Leisure Clubs/Projects

Role Description: To assist with general club activities to ensure members get the most
possible from their time at clubs, to be friendly and always ready to engage with
members and committed with regular attendance.

Location: Depending on club or project Searchlight Youth & Community Centre,
Kingston Road, New Malden KT3 3RX

Time and day can vary: Monday or Thursday from approx. 7pm – 9pm Or Saturday
11.30 – 2.30.

ADDITIONAL INFORMATION TO BE COMPLETED BY PARENT/GUARDIAN

Please advise us of everything that affects your son/daughter that we should be aware of e.g. allergies or medical condition

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I give permission for my son/daughter* (delete as appropriate) to become a volunteer for Kingston Mencap - details of role description once club agreed and on request

Name..... Relationship to
volunteer.....

Address.....
.....

Name of Emergency Contact:Telephone No:
.....

(Please complete in case of illness/accident whilst volunteering) Mobile No:
..... Signed.....

Date.....