

Volunteer Application Form

Thank you for registering your interest in volunteering to help.

Please fill in the below details, so we can get in touch with you to discuss your availability and our volunteering opportunities.

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Name:			Telephone Number:
Date of Birth:/ I		Email:	
Tick if under 18:	Parental signature required:		
Address:			
Date:// Signature:		ture:	
Please return this form to	o the C)iss Town Council	Offices (see below for contact details).
Any Questions?			ith our administrative team:
Diss Town Council 11-12 Market Hill Diss IP22 4JZ			
Telephone: 01379 643848 Email: towncouncil@diss.c			
Privacy Notice			
application. However, we r	nay like you. If	e to contact you with you consent to us o	will only use your information in relation to your h details of future events and volunteering contacting you for this purpose, please tick the box(es)
Email:			
Telephone:			

For further information, please refer to our GDPR Policy at https://www.diss.gov.uk/policies.