



Cross Bay Volunteer Form

Mrs/Ms/Miss/Mr First Name Surname DOB

Address

.....Postcode

Daytime Tel Evening Mobile

Email (This is most cost effective way to communicate)

I would like to help with the Cross Bay Run Walk

Please indicate what type of job you are prepared to help with on the day.

Don't mind Administration Stewarding Serving drinks

Do you have the use of a vehicle?

Signed Date

Please return to: **Cross Bay Volunteer, CancerCare, Slynedales, Slyne Road, Lancaster. LA2 6ST**

Please do not be offended if your offer to volunteer is not accepted for this. It only means that we have had too many offers.

