

**Registration of Interest Form**

**Bubble Leader – Covid Keep in Contact Project**

We are really excited that you are interested in volunteering with us. Filling out the form will give us an idea of your availability and interests.

|  |  |
| --- | --- |
| Name:  |  |
| Contact Address: |  |
| Postcode: |  |
| Phone Number:  |  |
| Email: |  |
| Do you want to be Bubble leader? Do you wan tot be part of a Support bubble but not a leader?  |  Yes no  Yes no  |

|  |
| --- |
| Please tell us when you have the time to volunteer and can you confirm that you would be able to commit at least 1 hour a week to running a support bubble group...What days in the next two weeks are you available to attend a to hour training session |
| Please tell us why you are interested in being a support Bubble Coordinator. |
| If you don’t want to be a Bubble Coordinator but would like to be part of a bubble please state here |

|  |  |
| --- | --- |
| Do you have any special needs you would like to share with us? |  |
| Any other comments  |  |

Please sign to confirm that the details contained in this form is accurate (typing your name is accepted).

|  |  |
| --- | --- |
| Signature |  |
| Date |  |

If you are not already a member of BWV you can do so through our website at [www.bristolwomensvoice.org.uk/contact-us/](http://www.bristolwomensvoice.org.uk/contact-us/) and be included on our mailing list.

You can find out about workshops, information and access to opportunities here.

Thank you for taking the time to complete this form, it is very much appreciated.