



Moment Maker Application Form



Name _____



Age _____



Address _____



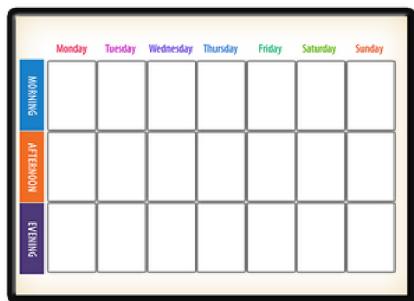
What area of Cornwall would you like to volunteer in?



Will you have a Personal Assistant with you?



Do you need any equipment to help you in your placement?



**What do you do like to
do during the week?**



**Do you have any hobbies
or interests?**

**Please post the completed
form to:**



**Marie Whitehurst
Moment Maker
Unit 1G
Guildford Road
Hayle
TR27 4QZ**



**or email the completed
form to:**

marie@disabilitycornwall.org.uk

