

**Media Volunteer Sheet**

**Personal Details**

**Name** .....

**Address** .....

.....  
**County** **Postcode**

.....

**Telephone** .....

**E-mail** .....

**Please answer the appropriate questions clearly and briefly**

Do you have Kinship Care?

.....

How many grandchildren do you care for / How old are they?

.....

Do you have a Residence Order or a Special Guardianship Order?

.....

If you care for your grandchildren part-time - how many hours a week?

.....

Do you have little or no contact with your grandchild?

.....

**Are you willing to share your information with Journalists: i.e.,**

Newspaper / Magazine  Yes  No

Television  Yes  No

Radio  Yes  No

Are you willing to have your photograph taken?

Photograph  Yes  No

**Financial Details**

If you care for your grandchild/ren full or part-time: Do you receive any financial help?

Yes  No

If yes, what financial help do you receive?

.....  
.....

If no, would you be interested in speaking to our Welfare Benefits Advisor?

Yes  No

The Grandparents' Association Media Volunteers Details

**Please give a brief history of your own personal story**

**Brief History: continued**

**May we use this information for the purpose of media enquiry with your consent or would you prefer to us to contact you first.**

Please note that some information may be edited by The Grandparents' Association or by the media for the purpose of use

Please tick appropriate box:

Use without contact

Please contact me first

When are you not available for contact? .....

Signature ..... Dated .....



The Grandparents'  
Association

Working with children  
Registered Charity Number 1105977