

The Gardens of Easton Lodge Preservation Trust

Volunteer Registration Form

Name: Address: Postcode:	Mr/Mrs/Ms/Miss/Other: Date of Birth: ☎ Home: Mobile: Email:
Emergency Contact Details Name: Address:	Relationship:..... ☎ Home: Mobile:

Availability <input type="checkbox"/> Thursday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Regular (every week) <input type="checkbox"/> Casual (as needed)
Area of Interest <input type="checkbox"/> Gardening (Open Days) <input type="checkbox"/> Gardening (week days) <input type="checkbox"/> Admin <input type="checkbox"/> Fundraising <input type="checkbox"/> Crafts <input type="checkbox"/> Catering (Open Days) <input type="checkbox"/> General (Open Days) <input type="checkbox"/> General (as needed)

Other information – skills, interests (voluntary and/or professional experience):
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Are there any health issues we need to be aware of?
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This information will be used to assist the relevant group supervisor, duty manager and emergency service/health professionals with the provision of health care in the event of illness, accident or emergency

Under the Data Protection Act and the upcoming General Data Protection Regulation we are required to seek your confirmation that we can hold your personal data. If you volunteer with us we need this consent as we need to retain this form so we have contact and health information in case of emergency and to keep you informed with the latest news. You can cancel this consent at any time if you wish to cease to volunteer with us. We will destroy this form within a year of you no longer volunteering with us. Please confirm that you are content for us to retain this information.

.....(Signature).....(Date)