

Volunteer Registration Form

Name(s):	Mr/Mrs/Ms/Miss/Other
Address:	Date of Birth
	Contact phone number
	Email
Postcode	
Emergency Contact Details	
Name	Relationship
Address	
	Contact phone number
	Alternative phone number
Availability:	
Thursday y/n Regular (weekly) y/n	Casual (as needed) y/n
Saturday y/n Regular (weekly) y/n	Casual (as needed) y/n
Sunday y/n Regular (weekly) y/n	Casual (as needed) y/n
-6	(** ***********************************
Areas of Interest	
Gardening y/n Catering y/n	Admin y/n Trustee y/n
Maintenance y/n Tour guiding y/n	Other y/n
Other information – skills, interests, relevant vo	oluntary or professional experience
As the little as a second to be a second	
Any health issues we need to be aware of?	
This information will be used to assist the relevant volunteer supervisor or other duty	
supervisor in the event of illness, accident or emergency	
supervisor in the event of limess, accident of emergency	
Under the Coneral Data Protection Degulations we are required to each year configuration that	
Under the General Data Protection Regulations we are required to seek your confirmation that	
we can hold your personal data. If you volunteer with us we need to retain this form and the	
personal data on it for use in an emergency and to contact you re volunteering. You can cancel	
this consent at any time if you wish to cease to volunteer with us. We will destroy this	
information within a year of you ceasing to volunteer with us.	
Signed:	