



# Volunteer Registration Form

## Details

**Title**                      **Surname**                      **First name**

**Address**

**Post code**

**Telephone**

**Mobile**

**Email:**

**Are you above 18?**      Yes                       No

**Date of Birth if under 18 (DD/MM/YYYY)**

**I have a full driving licence**      Yes                       No

## What type of volunteering appeals to you?

**Ranger**                       **Events**       **Meet and Greet**                       **Conservation**

**Horticulture**       **Estate Maintenance**       **Other (please state)**

**Is there a specific role you are applying for?**

## Availability

**Please tick the days that you would be available to volunteer:**

**Monday**       **Tuesday**       **Wednesday**       **Thursday**                       **Friday**

**Saturday**       **Sunday**

**How many days a month are you available?**

**Please give us any additional information we might need to know about your availability below:**



## Please answer the following questions:

**Why do you want to volunteer?**

**What experience do you have relevant to the volunteer role you are applying for?**

**Do you have any qualifications relevant to the position?**

## References

Taking references helps us to ensure that the volunteering role is right for you. Please provide details of two referees who are over 18. One should be someone you know in a professional capacity, whilst the other can be a neighbour, friend or colleague. References must not be provided by individuals who are related to you or in a close relationship with you. You should seek permission from each individual before providing their details.

### Reference 1

**Title                  Surname**

**First names**

**Address**

**Post code**

**Telephone**

**Mobile**

**Email:**

**Relationship to you:**

### Reference 2

**Title                  Surname**

**First names**

**Address**

**Post code**

**Telephone**

**Mobile**

**Email:**

**Relationship to you:**



## Emergency contact details

**Title**

**Surname**

**First names**

**Address**

**Post code**

**Telephone**

**Mobile**

**Date of Birth (DD/MM/YYYY)**

**Relationship**

## Health Disclosure

To enable us to plan our first aid provision and ensure your welfare, please answer the following questions.

- Is there any work which you might find difficult for health reasons? If yes please describe.
- Are you taking any medication that a first aider or doctor would need to be aware of?
- Is there any other information we may need to ensure your safety? E.g. colour blindness, hearing impairment, learning difficulties, epilepsy, allergies.
- When working outdoors it is advisable to have protection against Tetanus.

**Please cross which of the following apply to you:**

I have received an inoculation which is still valid

I do not have a current valid tetanus inoculation, but I will obtain one



## Criminal Records Bureau Check

Are you willing to undergo a Criminal Records Bureau check?

Yes

No

## Photographs

At some events photographs will be taken by our staff or others with permission for us to use in publications or by the press. Do you agree to being photographed?

Yes

No

## Volunteer Declaration

Data Protection Act 1998. The personal data on this form will be used by the Forestry Commission only.

*"I am involving myself of my own free will and declare that to the best of my knowledge the information given above is correct and I know no reasons why I should not participate. I consent to the personal details supplied on this form being used by the Forestry Commission".*

**Name**

**Signed**

**Date**