

Volunteer Registration Form

PLEASE COMPLETE IN BLOCK CAPITALS

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Mobile Number |  |
| Home Number |  |
| Email Address |  |
| Emergency Contact Name |  |
| Mobile/Home Number |  |
| Relationship to you |  |
| Medical Conditions |  |

🞎 I consent to being contacted by either text, phone, or email

|  |
| --- |
| **Privacy Statement:**  The personal information on this form is being collected for the purpose of NFFU. The information is used to ensure your safety. Some information provided may need to be shared with the other volunteers to ensure the health and wellbeing of everyone. The form will be held in a secured location.  🞎 I confirm I am happy for relevant information to be shared. |

|  |
| --- |
| By signing this form, I understand that any voluntary work conducted is at my own risk. I will only take on tasks that I am fit and able to do. I have read the health and safety guidance for working at the hub. I confirm, if relevant, that if using my own vehicle, it is at my own risk, and I am fully insured.  Signature…………………………………………………………………………………………………………………………………………………………………..  Name………………………………………………………………………………………………………………….…… Date………………………………………. |