



British Waterways

VOLUNTEER INFORMATION

Personal Details

Mr/Mrs/Ms/Miss: _____ First Names: _____ Surname _____

Address: _____
 _____ Postcode : _____

Telephone Home: _____ Work: _____

Date of Birth: _____ Mobile: _____

National Insurance No: _____

Volunteer Vacancy

What type of volunteering are you most interested in?.....

Are specific days and times better for you to volunteer?.....

Emergency Contacts

In the event of an emergency who would you like us to contact?

Name.....Phone Number.....

If you have a medical condition or take medication that you consider it important for us to be aware of please state below.

During the course of your volunteering photographs or video recordings maybe taken, are you happy for these to be used in publicity for the project?

Yes..... No.....

The information that you give is confidential and will be treated as such. Additional information disclosure maybe required depending on the type of volunteering undertaken.

By signing below you accept to comply with Health and Safety information and training relating to the volunteering activity undertaken. You also agree to record your time on supplied timesheets, this is monitored for the purpose of the projects funding.

Thank you for volunteering.

Signed: _____ Dated: _____