

Barrow upon Soar Parish Council
 Footpaths and Open Spaces Clearance Group



Volunteer Registration Form

About You
Name:
Email:
Contact number:
<i>Please provide an emergency contact for use in the unlikely event of an accident whilst you are volunteering with the Group.</i>
Name:
Contact number:
Health
<i>This information is strictly confidential and will only be available to the Volunteer Co-ordinator so that they can pass in on to medical professionals in an emergency.</i>
Please inform us of any medical conditions or health issues that you have, e.g. heart conditions, depression, allergy to bee stings/peanuts etc.
Please list and medication that you need to take on a regular basis.
Do you have any special needs or support requirements that we should be aware of?
<i>Please let us know of any changes to your details so we can keep our records up-to date</i>

Signature and Date

I agree to:

- Work in a safe and sensible manner
- Follow guidelines within the Risk Assessment

Signature:

Date:

Where possible please return the completed form to the Volunteer Co-ordinator prior to attending your first task.

Contacting You

We would prefer to keep in touch with you via email where possible. If this is not possible please confirm how you prefer to be contacted:

The information on this form is required for Insurance purposes and Medical emergencies. It will be kept with the Volunteer Co-ordinator.

Your details will be treated as confidential and will not be passed on.

Thank you for completing this form and offering your time and skills in support of Barrow upon Soar Parish Council