

# Volunteer Form



## PERSONAL DETAILS

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Home Number Home \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

Email \_\_\_\_\_

## VOLUNTEER HEALTH DECLARATION

You will be asked each time you volunteer if you have any health issues on that day. However, to help us plan your volunteering do you have any health conditions that you feel we should know about i.e. allergies, asthma...

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## EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

Are you taking part in an award scheme, if so please tick the relevant box below.

Duke of Edinburgh  (please fill out the next box)

Saltire

John Muir

**Duke of Edinburgh Award Details**

Level of Award .....

Section of Award .....

Length .....

Date Started .....

Organisation .....

**How did you hear about the Clyde Muirshiel Regional Park Volunteering Programme?**

\_\_\_\_\_

**Data Protection Act 1998:** The information which you provide in this form will be recorded in a database held by the Clyde Muirshiel Regional Park during the period that you remain a volunteer and for a period of 3 years thereafter. It will be used to record the work, interest and experience of our volunteers, and will also be used for statistical analysis and to inform you of matters relating to volunteering with the Clyde Muirshiel Regional Park. It will also be disclosed to Clyde Muirshiel Regional Park employees for their use in contacting you regarding volunteering. A paper copy of this form will also be retained by the Clyde Muirshiel Regional Park for a period of 3 years following the ending of your volunteer position with the Clyde Muirshiel Regional Park.

We may occasionally take photographs during volunteer activities for use in Clyde Muirshiel Regional Park publications, exhibitions, web-site, marketing and promotion.

Please tick the box if you do not consent to your image being used.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

If under 16 consent is required from parent/guardian

**Parent/Guardian or Group leader\* Signature** \_\_\_\_\_

**Relationship to participant** \_\_\_\_\_

**Date** \_\_\_\_\_

\* Group leader sign here to confirm to confirm responsibility for personal information and consent for each of their group.