

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...

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?

General Data Protection Regulation (GDPR): The information which you provide in this form will be recorded in a secure database held by the Clyde Muirshiel Regional Park during the period that you remain a volunteer and will only be held for so long as is necessary. 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 no longer than is necessary 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.