

Bowlees Visitor Centre



VOLUNTEER REGISTRATION FORM

Title	
First Name	
Surname	
Address	
Postcode	

Phone numbers:-		Preferred contact number (please tick)
Home		
Work		
Mobile		

Occupation	
Date of birth	

Male Female Please tick one

Emergency contact details – in case of illness or accident whilst volunteering

Name	
Relationship to you	
Contact phone number(s)	

How would you prefer to receive volunteering information?

By post By email Please tick one

Email address	
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For your safety and welfare please tell us of any of the following:-

- Medication that you are taking that a First Aider or Doctor would need to be aware of.
- Activities you may find difficult for health or other reasons.
- Other information we may need to ensure your safety e.g. hearing or vision difficulties.

Any other relevant information

Declaration of understanding

- I may be working with confidential material and I will keep this material confidential.
- Insurance for my personal effects is my responsibility.
- If the information declared on this form is found to be incorrect, it may disqualify me from this role, or result in the termination of my volunteering.
- I understand this agreement to volunteer for the North Pennines AONB Partnership is binding in honour only and is not intended to be a contract of employment.

Signed

Date

Please note the personal information you provide to us will only be used in relation to your volunteering for the North Pennines AONB Partnership.

Thank you for taking the time to complete the form. Please return it to:
Mandy Oliver, Bowlees Visitor Centre, Newbiggin, County Durham DL12 0XF
or email to mandy@northpenninesaonb.org.uk