

**Volunteer Form**

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| **Contact Details** |
| Name: |  |
| Tel. No. |  | Email: |  |
| Address |  |
| **Previous Events Experience (Volunteering or Employment)** |
| *Tell us about your previous experience volunteering or employment. Do you have any specialist skills, interests or hobbies that we can utilise?* |
| **What roles can you help with?** |
| 🗆 Event Planning / Committee | 🗆 Road Marshalling / Crowd Control |
| 🗆 Parks and Open Spaces | 🗆 Other  |
| **Health and Safety** |
| ***The information provided will be treated confidentially and stored securely. The emergency contact will only be contacted for that purpose*** Do you have a disability or a health issue (including pregnancy) which you would like us to take into account? **No / Yes –** *Please**give details* Please provide us with an emergency contact name and number for someone we can get in touch within case of an unlikely emergency when you are on-site at a Stourport Town Council event.Name: Relationship: Contact Number(s):  |
| **Consent and Agreement** |
| I confirm that I am happy:* for Stourport-on-Severn Town Council to keep my details on file for volunteering roles.
* to attend all training required to safely carry out tasks.
* To read and adhere to all Risk Assessments relating to activities I am volunteering for.
* To wear any PPE that is required for volunteering.

Signed: Date: *(If you are sending this form by email, please scan your name in the signature field)* |

Date Form Received: