

# VOLUNTEER

## Volunteer Application & Registration Form



*The information provided on this form is confidential and will be kept secure in line with the relevant sections of the Data Protection Act 1998.*

Name:			
Address:			
Postcode:		Phone:	
Email:			
Emergency contact name:			
Relationship:			
Phone number:			
Address:			

Any medical/other conditions that we might need to know about (eg. prescription medication etc)?

What skills or experience do you have that would be relevant to the Project?
Reasons for wanting to volunteer with Brighton & Hove Wood Recycling Project?

How did you hear about us?

## Availability

To give us an idea of your availability, please tick the boxes below. We understand that this might change.

Mon	Tue	Wed	Thu	Fri

If I am accepted as a volunteer with Brighton & Hove Wood Recycling Project I will abide by the Volunteer Code of Working and follow all Health & Safety practises at all times.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_