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| **OFFICE USE ONLY:**Assigned to…………………………………………………………..………………… PVKEY…………………………………Volunteer Group(s)………………………………………………………………………………………………………………. |



Volunteer Registration Form

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| Title and full name:      Address:      Postcode:       Email:      Home telephone:       Mobile:      Date of birth:      Date of your first volunteering session (if this has already taken place):       |
| Do you drive? Yes [ ]  No [ ]  Do you have a car? Yes [ ]  No [ ]  |
| Which roles are you currently or would you like to be involved with (please tick all that apply)?Practical work party volunteer (weekdays) [ ]  Reserve warden [ ] Practical work party volunteer (weekends) [ ]  Livestock checker [ ] Local group committee [ ]  Living Rivers Champion [ ] Go Wild / events [ ]  Office volunteer [ ] Wildlife Sites surveyor [ ]  Wildlife garden (St. Albans) [ ] Bird ringer [ ]  Butterfly surveyor [ ] Nature Reserves Health & Safety surveyor [ ]  Community Talks [ ] Other:      If you already / want to volunteer on a specific nature reserve, please let us know which one.      |
| Which member of staff / warden is your primary contact (if known)?      |
| Please indicate on which days you are able to volunteer: Mon [ ]  Tues [ ]  Weds [ ] Thu [ ]  Fri [ ]  Sat [ ]  Sun [ ] How regularly are you able to volunteer?Occasionally [ ]  Weekly [ ]  Monthly [ ]  Other [ ]  |
| Do you have any specific skills or expertise that we might be able to make use of?      |
| Do you have any medical issues that might affect you when volunteering (eg. asthma, diabetes, epilepsy, heart condition, allergies etc.)? Yes [ ]  No [ ] If yes, please provide details including any adaptations that might need to be made to your working environment. This information will be treated confidentially. If volunteering at any practical work parties, please advise the member of staff or warden responsible of any existing conditions which a first aider may need to be aware of.      |
| Please provide the details of someone we can contact in case of an emergency: Name:      Address:      Daytime telephone number:       Mobile:      Relationship to you:       |
| **By signing this registration form you agree to comply with all Trust policies and procedures.**Your personal details will only be used by the Trust and will not be passed on to any third party, except for the purposes of enabling them to carry out activity on the Trust’s behalf (such as sending regular correspondence etc.). Herts and Middlesex Wildlife Trust will never sell your contact details to another organisation.In addition to receiving information about my volunteering activities, I am happy to receive information from Herts and Middlesex Wildlife Trust including events, fundraising and other activities by: [ ]  Post [ ]  Email [ ]  Phone *(please tick all that apply).***If you are already a member of the Trust, you can leave this section blank.**Information from this registration form will be processed in accordance with the General Data Protection Regulations. Individuals have, on written request, the right of access to personal data held about them. Please see our Applicant Privacy Notice on our website - <http://www.hertswildlifetrust.org.uk/policies>.You can change your communication preferences at any time, by contacting us on 01727 858901 or info@hmwt.orgSigned:       Date:      Registered Charity Number: 239863 |