

Volunteer Registration Form: Regular & Qualified

Name:
Date of Birth:
Address:
Email:
Contact No.: Alternative contact no.:
What is the best way to contact you?

Emergency contact:
Address:
Contact no.: Alternative contact no.:

Do you have any medical conditions, take any medications or have any disabilities or special needs we should know about to keep you safe or to help you enjoy your volunteering fully?

Relevant Qualifications	Verified & Date

Relevant Experience

Is there any other information we should know about you to or that you would like to tell us?

--

Volunteering Information

- You should bring with you a stout pair of boots (or steel toe-capped boots for building work), old weather appropriate clothes, waterproofs or sun hat, a packed lunch and a drink
- You should always listen to and follow the safety advice given by the lead worker or volunteer
- You should report any accidents, illness or discomfort to the lead worker or volunteer immediately
- Please follow the Country Code and respect the forest
- You should be aware that whilst we endeavour to keep you safe, volunteering in a forestry environment has some risk associated with it and you should take all precautions to keep yourself safe
- Volunteering is undertaken at your own risk
- All volunteers are covered by our insurance scheme
- We strongly advise tetanus protection
- There have been incidents of tick-borne diseases – please be aware of this and report your involvement in the forest project to your doctor if feeling unwell in the 3 months following your volunteering
- Enjoy yourself and help others to enjoy themselves too!

Consent

I understand that volunteering in the forest can be physically challenging work. I have read and understand the above information about volunteering. I consent to the information in this form being shared with lead volunteers and my email address, name, phone number and address being stored on the Forest Managers computer in the Bute Forest Ltd office. I am aged 18 or over. I have recorded all relevant medical information on this form and I consent to emergency medical treatment.

Signed:

Date:

Name: