



Volunteer Sign up Form

Please read these details and those on the attached Volunteer Agreement carefully and then sign to indicate you have understood and accept the conditions shown. If any medical details or personal details change from those stated, please update Katie Lewis (Katie.lewis@bedford.gov.uk) before your next volunteering task. Please ensure that you are aware of your sites health and safety protocol and follow any instructions given by qualified members of staff at all times.

Health - You should only take part in physical volunteering tasks if you know of no medical or health related issue which would or could prevent you from undertaking any physical activity. If you are not sure or have any doubts about your health please do not take part until you have consulted your GP and they have agreed that it is ok for you to join in.

Photography/Videos - There may be a member of staff from the Council or Friends Group taking photos/videos at some sessions. Some of these photographs/videos may include your image and might be used in future publications. **If you DO NOT wish for your image to be used for these purposes please make the photographer aware and they will avoid taking photos of you.** If you do not advise us on this we will assume that we can take photographs including your image and publish them to promote the work of community volunteers. The council/friends group will retain them as long as is necessary and reasonable for them to do so.

Mailing List- If you would like to find out about volunteering opportunities locally, to read success stories or to keep in touch with the Councils Volunteer Coordinator please indicate below that you would like to sign up for our email bulletins.

Please Note: Some of the information on this form (name, email/address) will be recorded on Bedford Borough Councils Community Volunteer System so that hours can be logged to monitor the amount of recognised volunteering is being carried out locally. This will be stored securely and will not be shared with any third parties.

FULL NAME			
ADDRESS			
TELEPHONE NUMBER			
EMERGENCY CONTACT (Name & Number)	NAME: TEL:		
MEDICAL DETAILS (Relevant) <small>e.g. muscular skeletal injuries, back injuries; any medical conditions that require emergency medication e.g. asthma, allergies, epilepsy.</small>			
EMAIL ADDRESS			
GENDER (Please Tick)	MALE		FEMALE
SKILLS/TRAINING (Please list any relevant skills/qualifications e.g. Chainsaw Licence)			
WHERE DID YOU HEAR ABOUT VOLUNTEERING?			
MAILING LIST (Please Tick)	YES		NO
PHOTO (Please Tick)	YES		NO
I have read and understood this DISCLAIMER and accompanying VOLUNTEER AGREEMENT	SIGN:		DATE: