

HOLT COPSE CONSERVATION VOLUNTEERS

www.hccv.org.uk

PERSONAL INFORMATION RECORD (Please complete in capitals)

Name:	DOB:
Address:	
	Postcode:
Contact phone nos.:	Email:
Emergency contact name:	Relationship:
Emergency contact no.:	
Emergency contact name:	Relationship:
Emergency contact no.:	
Do you have any medical condition or disability that you feel HCCV should be made aware of?	
Are you taking any medication or do you have any allergies that you feel HCCV should be made aware of?	
Please provide the date of your last tetanus vaccination:	

I am aware that I/my child will be performing practical tasks that involve using hand tools. Due to the nature of this activity, I understand that I/they must adhere to all instructions and safety information given.

I understand that any activity undertaken whilst volunteering will be at my own risk. I confirm that I am fit and healthy to take part. I will decline taking part in tasks that I am uncomfortable with or unable to carry out. I further understand that HCCV will not be held liable for any loss or damage to participant's personal belongings.

We often take photographs and film of the sessions we run. These may be used in promotional literature and on our website. If you DO NOT agree to allow this to be done, please tick here :

I believe these details to be correct and I understand that HCCV will retain them to ensure my wellbeing whilst volunteering.

Participant Declaration:

Signed: Date:

Parent Declaration (where participant is under 18):

I understand the requirements of this activity and (name of applicant) has my permission to attend the season's work.

Signed: (Parent Guardian) Date: