



# VOLUNTEER FORM

## Personal Details

Name.....

Address.....

.....

.....

Telephone.....

Email.....

Day and month of birth (year not required).....

## Emergency Contact Details

Name of person to be contacted in case of emergency

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Persons relationship to you (optional).....

Do you have any medical conditions that we need to be aware of in case of emergency? (for example any allergies, asthma, diabetes)

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## Permissions

I agree to the use of my image in our printed publications, in press releases, on videos, on social media channels, in presentation materials and on our website.

I agree to my email being added to the \*HWD Volunteer distribution list and the Engage Inform Influence mailing list (\*delete as appropriate)

Signed.....Date.....

Print Name.....