



# Volunteer Registration Form

**please return the form to: Membership Secretary:  
38 Baron Road, Hamble SO31 4RN**

Mr  Mrs  Miss  Ms

*First Name
*Last Name
*Address
*Postcode
*Telephone/Mobile
Email
*Date of Birth

**EMERGENCY CONTACT**

*First Name
*Last Name
*Address
*Postcode
*Telephone/Mobile
Daytime:
Evening:

Date of Joining HCV   
 Have you volunteered for any other organisation in the last year?  Yes  No

In order to celebrate the work of HCV we often take photographs of our activities. Are you happy for us to include you for use of publicity purposes?  Yes  No

To help us plan your first aid and welfare provision please answer the following:

\*Is there any work you may find difficult for health reasons?  Yes  No

describe below
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\*  I understand that it is advisable to have protection against tetanus when working outdoors.

Do you have any existing skill in the following:

- First Aid  Yes  No
- Tree Felling  Yes  No
- Path Maintenance  Yes  No
- Boardwalk Construction  Yes  No
- Leading Practical Tasks  Yes  No

I am involving myself of my own free will and declare that to the best of my knowledge the information is correct and I know of no reason why I should not participate. I consent to personal details being used to send further information about HCV only, as outlined in the Data Protection Act 1998

*Your Signature	Date
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