

Bythams Woodland Trust (BWT)

Volunteer Registration Form



About You / Volunteer

Name:

Address:

Daytime telephone or mobile number:

E-mail:

Date of birth if volunteer is under 18:

Please inform us of any medical conditions/allergic reactions and any relevant treatment/ medication, so that a member of the Bythams Woodland Trust can pass on this information in case of a medical emergency.

Please give an emergency contact, for use in the unlikely event of an accident whilst you are volunteering for the Bythams Woodland Trust

Name:

Telephone / Mobile Contact:

Signature and Date

I agree to: Work in a safe and sensible manner
 Follow Trust policies and guidelines

For young person under 18 please can Parent / Gardian sign below to show they are aware their child is helping as a volunteer at the Spinney site.

Signature: _____ Date: _____

Please let us know of any changes to your details so we can keep our records up-to-date

Please Turn Over

Skills and Experience

Please note down any relevant skills, experience or qualifications you have and would like to contribute to the Bythams Woodland Trust.

Other information /comments / are you volunteering as part of DOE etc and term of expected volunteering.

In order to protect your right to confidentiality, the Data Protection Act 1998 set rules for processing personal information. The volunteer data we hold is collected for administrative and insurance purposes, for reporting and statistical analysis and to allow us to contact you with matters of interest. **The information will not be used for any other purpose.**

Please return to:

Gavin Pye
23 Bytham Heights
Castle Bytham
Grantham
NG33 4ST

Email - GavinPye@googlemail.com
Phone – 01780 410006

Thank you for completing this form and offering your time
and skills in support of the Bythams Woodland Trust