

VOLUNTEER PERSONAL DETAILS & GENERAL HEALTH FORM

Registered Charity No: 501038

Role Applied For:

Please complete this form and email it to dkealoha@durhamwt.co.uk

Tell us about yourself:

Full Name:

Title:

Date of Birth:

Home Address:

Contact Details:

Home Tel:

Mobile:

Work:

E-mail:

Relevant Medical Information:

Do you have any medical conditions / allergies that we should be aware of?

YES

☐

NO

☐

If YES, please state condition and any specific medication or treatment needed?

When are you able to volunteer?

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Term Time ☐ School Holidays ☐

Next of kin details (1)

Name:		Relationship:	
Home Address:		Contact Details:	
	Home Tel:		
	Mobile:		
	Work:		

Next of kin details (2)

Name:		Relationship:	
Home Address:		Contact Details:	
	Home Tel:		
	Mobile:		
	Work:		

Please list any relevant experience you may have in line with the role description:

What do you hope to achieve from volunteering for Durham Wildlife Trust?

How can we talk to you?

In addition to receiving information relating to our volunteering by email, we would like to have the opportunity to share with you information about our wider work, fundraising and other information that we think might interest you. Please confirm that you are happy to receive additional information by completing the statement below;

I am happy to hear from Durham Wildlife Trust about the impact of my support & other ways I can get involved by:

E-mail: Yes ☐ No ☐

SMS Text: Yes ☐ No ☐

Telephone: Yes ☐ No ☐

Post: Yes ☐ No ☐

Preferred method of contact:

You can change your preferences at any time, by contacting us on 0191 5843112 or mail@durhamwt.org.uk. We will protect your personal data, in accordance with our Privacy Policy.

Please confirm that you are happy to have your photograph taken whilst you are volunteering and that you allow us to use these for information and promotional purposes?

I consent to my photograph being taken and used for promotional purposes.

YES

☐

NO

☐

Where did you hear about volunteering for Durham Wildlife Trust?

Durham WT Website

☐

Visitor Centre

☐

Volunteer Centre

☐

Membership

☐

Existing Volunteer

☐

Local press

☐

Friend

☐

Other (specify)

Please provide contact details for two referees.

We will only take references up for specific roles. Referees should be previous employers, professionals or volunteer managers.

Referee 1:

Name:

Organisation:

Address:

Contact Details:

Work Tel:

Mobile:

Referee 2:

Name:		Organisation:	
Address:		Contact Details:	
		Work Tel:	
		Mobile:	

Do you have any UNSPENT criminal convictions that we should be aware of?

YES

☐

NO

☐

If Yes Please state below:

Please sign this form below confirming that you are happy for us to store this data on our database in order to contact you.

Signature:

Date:

If you have completed this form electronically and intend to [email](#) it, then by typing your full name in the signature box you are confirming that you are happy for us to store this data on our database in order to contact you.