

Volunteer Registration Form

For Local Action Groups

LOCAL ACTION GROUP NAME:

PART 1: PERSONAL DETAILS

FULL NAME: TITLE:

ADDRESS:

..... POST CODE:

MOBILE TELEPHONE: DAYTIME TELEPHONE:

EMAIL ADDRESS:

OCCUPATION: DATE OF BIRTH:

To help us consider any appropriate adjustments required and to better support you, please give brief details of any disabilities or health concerns we need to know about, so we can discuss this with you.

PART 2: ABOUT YOU

Background & Interests:
Please give brief details. This can include your skills and experience, hobbies, interests and previous volunteering roles.

Why do you want to volunteer with this group, and what do you hope to gain from it?

PART 3: EMERGENCY CONTACT DETAILS

NAME: RELATIONSHIP TO YOU:

ADDRESS:

..... CONTACT NUMBER:

PART 4: DATA PROTECTION

The information that you have provided is required to administer your interest in volunteering with this local action group. It will be held securely on a volunteer database and in line with Data Protection Legislation.

Please tick the boxes if you are happy for the local action group to contact you:

☐ By Email ☐ By Phone ☐ By Post

I declare that the information I have given is, to the best of my knowledge and belief, true and complete.

SIGNED: DATE: