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**WENDOVER ARM TRUST**

**VOLUNTEER APPLICATION FORM**

**VOLUNTEER Details**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Street** |  |
| **Town** |  |
| **City** |  |
| **County** |  |
| **Postcode** |  |

|  |  |
| --- | --- |
| **Home Phone No. :** |  |
| **Mobile No :****.** |  |
| **Email :** |  |

**EMERGENCY CONTACT Details (ICE)**

Details of who should be contacted “In Case of Emergency”

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Street** |  |
| **Town** |  |
| **City** |  |
| **County** |  |
| **Postcode** |  |

|  |  |
| --- | --- |
| **Home Phone No. :** |  |
| **Mobile No. :** |  |
| **Email :** |  |

**Medical Information (Volunteer only)**

For your own welfare and the welfare of others we ask that you notify the Trust in writing in the space below of any relevant medical condition you may have.

There are two reasons for this, the first concerns conditions which might affect your ability to carry out particular tasks. This is for your own protection in order to ensure that you are not employed in any work that might not be suitable or would put you, or others, at risk.

The second reason is that we might also be required to provide this information to the emergency services if they need to attend on your behalf.

**Personal Data**

By signing below, you give the Wendover Arm Trust permission to use the information gathered on this form to:

1/ Communicate and share details with Trust members on matters concerning the Trust and the Restoration of the Wendover Arm

2/ The Trust may wish to use your data (including photographs that can be identified with you) in its publications and on its social media platforms (e.g. Facebook and Twitter).

 By ticking the boxes below and signing the form you agree that the Trust may do so.

 **Publications Website Social media platforms**

Unless required by law the Trust does not share your information with any other organisation or individual unless you give your express permission for the Trust to do so.

The only exception to this is if we are required to divulge medical information to the Emergency services in the case of an emergency.

The Trust does not sell any data to any other organisation or individual.

A copy of our Privacy and Data Protection Policy will be made available on request.

|  |  |
| --- | --- |
| Signed: |  |
| Date: |  |

NB: Only the person named as the VOLUNTEER needs to sign, the Trust will assume implied consent for others named as contacts

Please return the form to

 Email: volunteer@wendovercanal.org.uk