Please complete and return to Wear Rivers Trust email:- **admin@wear-rivers-trust.org.uk**

|  |  |  |
| --- | --- | --- |
| Name: | Title: | Date of Birth: |
| Address: | | Home tel:  Mobile:  Other tel:  Email:  Preferred method of contact: |

In what capacity would you like to volunteer?

Support at events □ Field work □ Monitoring/testing □

Other (please specify)

Details:

Which geographic area would you be prepared to help in?

What days are you available to volunteer?

Weekdays □ Weekends □ Both □

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

E.g., Heart condition, epilepsy or mobility problems

|  |
| --- |
| Details: |

If relevant, what date was your last tetanus? …………………………………………

(If more than 10 years ago please consult your GP).

Do you have transport? Yes □ No □

Car Make: Model: Colour: Reg:

Do you hold an in date First Aid Qualification? Yes □ No □ Date obtained …………………………

Please list any relevant skills or experiences you have which could be useful to WRT:

eg. mapping, chainsaw qualification etc.

|  |
| --- |
|  |

Where did you hear about volunteering for Wear Rivers Trust?

|  |
| --- |
| Website □ Local newspaper □ Volunteer Centre □ Wildlife Volunteer □  Television □ College careers service □ Friend □  Other □ (please specify) |

Emergency contact (1)

|  |  |
| --- | --- |
| Name: | Relationship: |
| Address: | Contact Details:  Mobile:  Home tel:  Other: |

Emergency contact (2)

|  |  |
| --- | --- |
| Name: | Relationship: |
| Address: | Contact Details:  Mobile:  Home tel:  Other: |

Would you like to hear about other volunteering opportunities? YES/NO

Do you agree to for any photographs to be published on our website and interpretation? YES/NO

**Signature:** **Date:**

…………………………………………… ………………………………