



Barrow in Bloom Volunteer Registration Form

About You
Name:
Email:
Contact number:
<i>Please provide an emergency contact for use in the unlikely event of an emergency whilst you are volunteering with the Group.</i>
Name:
Contact number:
Health
<i>This information is strictly confidential and will only be available to the Volunteer Co-ordinator to pass in on to medical professionals in an emergency. Please inform us of any changes to your details so we can keep our records up-to date.</i>
Please inform us of any medical conditions or health issues that you have, e.g. heart conditions, depression, allergy to bee stings/peanuts etc.
Signature and Date
I confirm that: <ul style="list-style-type: none">• I will work in a safe and sensible manner• I will follow guidelines within the Risk Assessment
Signature:
Date:
<i>This information is required for Insurance purposes and Medical emergencies. It will be kept by the Volunteer Co-ordinator. Your details will be treated as confidential and will not be passed on.</i>

Thank you for completing this form and offering your time and skills in support of Barrow upon Soar Parish Council