

Suffolk Coast & Heaths AONB Volunteer Scheme
Registration Form & General Data Protection Consent



Title			Date of birth	
Full name				
Address				
Town		Postcode		
Home phone		Mobile		
Email				

Which areas of volunteering are you interested in (please tick)?

Beachwatch Organiser	Beachwatch Volunteer
Coast & Estuary Wardens	Conservation Volunteers
Free the Trees Volunteer	Nature Recovery Volunteer
Promoted Route Surveys	Scattered Orchard Volunteer
Wild Garden Volunteer	

How did you find out about the Suffolk Coast & Heaths volunteer scheme?

Please tell us if you have any previous experience of conservation or environmental work? If yes, please specify:

Do you hold a current 1st Aid Certificate? _____

If 'Yes', are you happy to be listed as a secondary first aider at events you are volunteering at?

Do you have any physical or mental health conditions, or are you regularly taking medication? If yes, please give details.

Have you had a tetanus vaccination in the last 10 years? _____

If volunteering for Conservation Volunteers we recommend you speak to your GP about a booster.

Emergency Contacts

Name			
Address			
Postcode		Mobile phone	
Home telephone		Work telephone	
Relationship to you			

Contact name and number of one other relative or friend – in case of an emergency:

Name			
Telephone			
Relationship to you			

GENERAL DATA PROTECTION:

The above information will be retained on a password protected database only accessible by AONB Staff. Your details will not be provided to any other organisation or individual without your prior consent. I accept that I will no longer be registered as a Suffolk Coast & Heaths AONB Volunteer if I have not actively volunteered and/or submitted any volunteer reports within a 6-month period.

I confirm that the AONB can contact me via:

Email Phone Post Text

I understand that if I wish to change these preferences, I can contact the SCH Team on [01394 445225](tel:01394445225) or schaonb@suffolk.gov.uk (please tick)

I give permission to be part of any photo that takes place during sessions. These may be displayed or used as advertising on social networking sites such as Facebook, Twitter, or organisation websites, although you will not be named

Yes No

DECLARATION:

I would like to register as a volunteer for Suffolk Coast & Heaths AONB. I agree to my details being retained for the administration purposes. I agree to follow all policies, health and safety risk assessments and guidance issued by the Suffolk Coast & Heaths AONB. I understand that this volunteer agreement can be ended by either party and that neither this form nor any other agreement made in relation to the Suffolk Coast & Heaths AONB shall be deemed to be a contract.

The AONB should be kept up to date with all changes to personal details and any health conditions that will affect your volunteering duties.

If personal circumstances mean that you need to withdraw for a limited period, but you hope to return, please let us know so we can keep you on our records and include you in mailings.

Signed _____ Dated _____

If you return this form to us via email, then your email will act as evidence of date and signature.