



VOLUNTEER ENROLMENT FORM

VOLUNTEER ROLE INTERESTED IN:

Name: _____ **Age if under 18:** _____ **(H&SE)**

Address: _____
_____ **Postcode:** _____

Telephone Numbers:- Home: _____

Mobile : _____

Work: _____

E-mail: _____

When are you available to volunteer? (which days of the week) _____

If under 18 years of age parental consent will need to be sort prior to engagement of any volunteer role within the Division.

Do you have any form of disability or medical condition that may affect your ability to volunteer? YES NO

If yes please give details. This does not affect you getting involved, it is just in case of an emergency.

Please indicate what Volunteer Role you would be interested in:

Please give details of an emergency contact. If none then please state none

Name _____ **Telephone** _____

Referee: Please give the details of two people who have known you for 3 years or more, who is willing to give a reference as to your suitability as a volunteer. Any information received about your background from referees will be dealt with in accordance with the Data Protection Act.

Ref 1

Name _____ **Position** _____

Address _____

Tel No _____

Ref 2

Name _____ **Position** _____

Address _____

Tel No _____

Additional Skills or experience; *Do you have any additional skills or experience that you can transfer to your chosen role*

Some of the volunteer roles within Epping Forest incorporate an element of working with children and or vulnerable adults and as such any applicant will be required to complete a CRB form.

Any information which you provide us will be recorded in a database held by the Epping Forest Division, Open Spaces Department, City of London Corporation, during the period that you remain as a volunteer and for a period of 5 years thereafter. It will be used to record the work, interest and experience of volunteers, and will also be used for statistical analysis and to inform you of matters relating to volunteering with Epping Forest. It will also be used by Epping Forest staff for their use in contacting you regarding volunteering. A copy of this form will be retained by this division for a period of 5 years following the end of your volunteer position.

Signed _____ **Dated** _____

Please return this form to The Volunteer Development Officer, Open Spaces Department, Epping Forest, City of London, The Warren, Loughton, Essex IG10 4RW.