

VOLUNTEERING:

Volunteer Application & Registration Form



Recycling lumber | Reducing landfill | Restoring lives

The information provided on this form is confidential and will be kept secure in line with the relevant sections of the Data Protection Act 1998.

Name: _____

Address: _____

_____ Postcode: _____

Daytime tel: _____ Mobile: _____

Email: _____

Emergency contact/phone number: _____

Any medical/other conditions that we might need to know about (eg. prescription medication etc)?

Experience/skill base (e.g. previous jobs/work experience; IT/other skills; driving license etc.):

Reasons for wanting to volunteer with New Life Wood?

If I am accepted as a volunteer with New Life Wood I will abide by the Volunteer Code of Working and follow all Health & Safety practises at all times

Signed: _____

Date: _____