VOLUNTEERING:

Volunteer Application & Registration Form



The information provided on this form is confidential and will be kept secure in line with our GDPR policy, a copy of which is available on request. Please bring/post this form to our shop (our address can be found below) or email it to volunteer@woodrecycling.org.uk

Name:		
Address:		
	Postcode:	
	Postcode.	
Phone number:		
Email:		
Emergency contact name:		
Emergency contact phone number:		
Any medical/other conditions that we	e might need to know about (e.g. prescription medication	on etc.)?
Experience/skill base (e.g. previous j	jobs/work experience; woodworking/other skills etc.):	
Reasons for wanting to volunteer wit	h the Brighton & Hove Wood Recycling Project?	
How did you hear about our volun	teering opportunity?	
Referral Agency (Please state which agency:)
Saw Your Shop Signs - Yes/No		
Advert (Please state where this wa	as seen:)
Word of Mouth - Yes/No	Other (Please state):	
Signed:	Date:	
The Wood Store, Ground Floor, Oakl www.woodrecycling.org.uk	ley House, Edward Street, Brighton BN2 0BA	