

## OCCASIONAL EVENT VOLUNTEERS (18 years and over) CONTACT CONSENT FORM

Your Details:			
Title		Surname	
Forename/s			Date of Birth
Address			
		Postcode	
Telephone number		Mobile number	
Emergency Contact:			
Name		Relationship	
Contact numbers			

Health/Disability	
Are you aware of any medical condition which may impact on your ability to carry out the role you are applying for?	
If the answer to the above question is yes, are there any reasonable adjustments that would need to be made to support you carrying out your duties?	

Keeping in touch							
Communications from the Weston Hospicecare volunteer team are sent in relation to aspects of your volunteering such as, invitations to volunteer events, volunteer newsletter (Hospice Hotpress) and any training requirements. To keep costs to a minimum, we would like to contact you via email. If you are happy for us to email you, please tick YES below and provide your email address:							
Yes	<input type="checkbox"/>	My email address is:					
Would you be happy for us to email you regarding helping at the various Weston Hospicecare fundraising events?			<table border="1"> <tr> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
We take your privacy seriously and will never sell or swap your details with third parties. You can withdraw your consent to be contacted at any time by contacting the volunteer team on: Email: <a href="mailto:volunteer@westonhospicecare.org.uk">volunteer@westonhospicecare.org.uk</a> Phone: 01934 423975							
For a full copy of our Privacy Notice, please visit our website: <a href="http://westonhospicecare.org.uk/">http://westonhospicecare.org.uk/</a> or call us on 01934 423975.							

**Declaration**

- I understand and agree that data contained in this form will be used for volunteer recruitment purposes and will be stored on a computer database. I also agree to Weston Hospicecare holding this form in paper format in a secure area. Personal identifiable data will be held securely and only be accessed by authorised personnel within Weston Hospicecare.
- I understand there is no intention to create a legal relationship. I am acting as a volunteer and I expressly confirm I am not an employee.
- I will not undertake any physical tasks unless I am confident, capable and have received appropriate training.
- I confirm that the information I have given is correct and complete and that any false statements or omissions may result in my services being terminated. I will update Weston Hospicecare if there are any changes to the details supplied.

Signed

Print Name

Date

**Returning Your Application**

Please post to: *Volunteer Team, Weston Hospicecare, Jackson-Barstow House, 28 Thornbury Road, Uphill, Weston-super-Mare, BS23 4YQ*

Email: [volunteer@westonhospicecare.org.uk](mailto:volunteer@westonhospicecare.org.uk) Phone: 01934 423975