

Volunteer Registration Form

SHOW NAME:	
SHOW SECTION:	
FULL NAME:	
DATE OF BIRTH:	
ADDRESS:	
EMAIL:	
PHONE (H):	PHONE (M):
<i>Tick one of the boxes</i>	
<input type="checkbox"/> VOLUNTEER <input type="checkbox"/> EMPLOYED BY THE SHOW SOCIETY	
SKILLS AND EXPERIENCE:	
DO YOU HAVE ANY MEDICAL CONDITIONS WHICH THE SHOW SOCIETY SHOULD BE AWARE?	
NEXT OF KIN (EMERGENCY CONTACT) NAME:	
PHONE (H):	PHONE (M):
PRIVACY STATEMENT: <i>INSERT SHOW SOCIETY NAME</i> respects the privacy rights of our members and volunteers and any data recorded on this form will be used for Show Society Purposes ONLY.	
Where volunteer is UNDER 18 years of age (to be signed by a parent or guardian):	
DATE:	
SIGNATURE:	