**Volunteer Registration Form**

|  |  |  |
| --- | --- | --- |
| **SHOW NAME:** | | |
| **SECTION:** | | |
| FULL NAME: | | |
| DATE OF BIRTH: | | |
| ADDRESS: | | |
| EMAIL: | | |
| PHONE (H): | PHONE (M): | |
| WORKING WITH CHILDREN CHECK NUMBER (WWCC): | | |
| *Tick one of the boxes* | | |
| * VOLUNTEER | * 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**: *INSERT SHOW SOCIETY* *NAME* 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): | | |
| NAME: | | DATE: |
| SIGNATURE: | |