**Volunteer Registration Form**

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| **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: |