

Volunteer Registration Form

SHOW NAME:	
SECTION:	
FULL NAME:	
DATE OF BIRTH:	
ADDRESS:	
EMAIL:	
PHONE (H):	PHONE (M):
WORKING WITH CHILDREN CHECK NUMBER (WWCC):	
<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:* respects the privacy rights of our members and volunteers and any data recorded on this form will be used for Show Society Purposes ONLY. <i>*Insert Show society name above</i>	
Where volunteer is UNDER 18 years of age (to be signed by a parent or guardian):	
NAME:	DATE:
SIGNATURE:	