



Volunteer Welfare Form

The Friends of Thetford Forest (FOTF) is committed to providing a safe and healthy working environment for its volunteers. Current legislation also places the responsibility on you, as well as the FOTF team, to take all

responsible steps to make sure safe working practices are carried out. To enable you to contribute positively to your own and your colleagues' safety, and to ensure that we are meeting the needs of our volunteers, we need some basic details.

Personal Details

Forename(s):

Surname:

Address and postcode:

Telephone number:

Email:

Date of Birth:

Emergency Contact

Name:

Relationship:

Address and postcode:

Telephone number:

Health Disclosure

Is there any work you may find difficult for health reasons (please describe)?

Are you taking any medication that a first aider or doctor would need to be aware of?

Is there any other information we may need to ensure your safety (e.g. colour blindness, hearing impairment, learning difficulties, epilepsy, allergies, vulnerable to covid)?

When working outdoors, it is advisable to have protection against tetanus:

I have received an inoculation which is still valid

*I do not have a valid tetanus inoculation, but I will obtain one **(delete as appropriate)***

At some events photographs will be taken by FOTF or others with permission for us to use in publications or the press. Do you agree to being photographed?

Yes / No **(delete as appropriate)**

On some unavoidable occasions, e.g. walking trail checking, volunteering may involve lone working. Do you understand and agree to FOTF's lone working policy?

Yes / No **(delete as appropriate)**

FOTF is not responsible for any personal belongings. If the use of personal equipment is necessary this must be agreed with the FOTF committee. Do you understand and agree?

Yes / No **(delete as appropriate)**

Volunteer Declaration

The personal data on this form will be used solely for the purpose of ensuring your safety at FOTF tasks. By signing this form, you acknowledge:

- You are involving yourself of your own free will, to the best of your knowledge the information on this form is correct, and you know no reason why you should not participate in volunteering with FOTF.
- You consent to the details on this form being used by FOTF, and also being passed to Forestry England where necessary to ensure your safety.

Signed (if you are filling in the form electronically please type in your name and date):

Date: