

Ark in the Park volunteer agreement form

Name:

Phone Numbers: Phone 1:

Phone 2:

Address:

Email:

Next of Kin:

Name

Relationship

Phone Numbers: Phone 1:

Phone 2:

Medical Conditions/Serious Allergies

Please detail below any medical conditions or recent illnesses that we should be aware of (particularly bee and wasp allergies or diabetes), sensitivity to chemicals, chronic condition or old injury that could get worse, possibly as a result of the work you may be doing. Please ensure you carry your own medicine and any instructions for administering in an emergency.

Do you have any particular skills that might help us, that you would like to let us know about?
(eg: data entry, GIS, navigation, ...)

- I wish to participate as a volunteer for the Ark in the Park project.
- I have read and understood the *Health & Safety Guidelines* and I agree to follow them.
- I am aware of the hazards involved and will take all care in keeping myself and others safe.

Signature:

Date: