

Tobermory Harbour Association

Volunteer details - CONFIDENTIAL

1. Personal Details

Title	Surname	Forenames
Address		
		Postcode
Telephone (day)	(eve)	
Date of Birth:		

2. Availability & Comments

When would you like to start volunteering?

What days and times would you be available to volunteer?(Please tick all that apply)

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
<i>AM</i> <i>(10-1)</i>							
<i>PM</i> <i>(1-4)</i>							

Note: Aquarium volunteers are required to undertake 1 shift per fortnight

3. Health

The following questions are asked as a matter of record, in the interests of volunteer welfare.

Are you registered disabled (do you hold a green card)?

Yes No

3. Health (cont.)

Do you suffer from any medical or physical condition which we should be aware of when assigning you work?

If yes, please provide brief details:

Yes No

Are there any physical conditions that we should consider in assigning you work, such as diet, strength, heat, cold, dust, moisture etc. ?

Yes No

If yes, please provide brief details:

4. Confirmation

I confirm that the information given on this form is, to the best of my knowledge true and complete.

Signature:

Date:

Tobermory Harbour Association

Volunteer Consent Form (Under 18 Years)

Personal Details

Name of Applicant

Date of Birth

Parent/Guardian Consent

- In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a first aider (if available) or medical treatment to be administered by a suitably qualified medical practitioner.
- In the event of a medical emergency, leaders will endeavour to contact you as soon as possible using the contact telephone numbers given.
- I will inform the leaders of any important changes to my child's health, medication or needs and also of any changes to our address or to any of the phone numbers given above.
- During the time your child will spend with us, photographs may be taken for use in marketing. By signing this permission form you agree for your child's photograph to be taken unless otherwise informed.
- I am the parent/legal guardian for the named applicant and I hereby give permission to become a volunteer at the Mull Aquarium.

Printed Name(Parent or Guardian):

Relationship to Child:

Emergency contact Details:

Signed:

Date: