Volunteer Application Form.

Bermondsey Street Festival September 19th 2015



Please return this form to:

volunteer@bermondseystreetfestival.org.uk

Only applicants aged 16+ will be accepted unless they are accompanied by a responsible adult.

Your Contact Details (Please write in CAPITAL LETTERS)

First Name:

Post code:			
Mobile Number			
6am – 10am 10am – 2pm 2pm – 5:30pm 5:30pm – 7pm ALL			
Why not volunteer with a friend? Tell us their name and we will try to place you together!			
How can you help us at the Fair? Tick all that apply			
ge, delivering boxes to stalls and other setup duties) put of Volunteers, supply volunteers with refreshments) and carrying) g. giving directions es and general clear up)			

Surname:

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Important Information

Do you have any medical conditions including allergies?			
Have you a criminal conviction that is not spent, please give brief details			
Emergency Contact			
Title:	First Name:		Surname:
Address:			
Post code:			
Telephone Numbe	er:	Mobile	e Number:
Relationship to you	u:		
For our records			
Where did you hear about this volunteering opportunity?			
Have you volunteered at Bermondsey Street Festival before? Yes No			
Declaration			
Volunteers Name:			Age on 19 th September 2015
I declare that I am capable, competent and conscientious. I understand that strenuous and unsupervised assignments may be given to volunteers. There may be occasions where I will use my own judgement to proceed in certain tasks if I deem health and safety to be an issue			
Signature:		<u> </u>	Date:
Parental Consent for volunteers under the age of 18 If you are under the age of 18, your parent or guardian must sign this form.			
			n 19th September 2015
I grant my permission to my son/daughter/ward to serve as a volunteer. In the event of a medical emergency while he/she is volunteering for The Wimbledon Guild Village Fair I authorise the appropriate emergency medical treatment to be administrated by responsible medical attendants.			
Signature of Parent/Guardian:			
Relationship/ Nature	e of Authority:	Date:	

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