

Spital Cemetery Task Team: Application form

Name:

Address:

Contact tel no:

Mobile tel no:

Email:

Have you any medication/health issues/allergies or other considerations we should be aware of?

Do you have any preferred days and times for volunteering?

Why do you want to volunteer as part of the Cemetery Task Team at Spital Cemetery?

Have you any specific areas of interest in volunteering e.g. practical work, surveying, wildlife knowledge, gardening, etc.

Emergency contact details &

Relation to you:

Their tel no:

Their mobile no:

Their work no:

Name and address (or email) of two referees

1.

2.

By signing you give permission for photos taken of you at FoSC events to be used by FoSC, for reporting & promotional purposes which may include: magazines, posters, press releases, website & social media.

() Tick if you DO NOT give permission for use of photos

When volunteering in Spital Cemetery Chesterfield Borough Council, through Bereavement Service, provide personal accident and public liability insurance. By signing this you agree to abide by our health & safety procedures and instructions when volunteering with us.

I confirm the above to be true and agree to my details being kept by FoSC on its volunteer database for only the purpose of FoSC supporting and coordinating its volunteers.

() Tick if you DO NOT give permission for your details to be held on FoSC database

Signed:

Date.....