****The National Forest Company****

****Volunteer Registration Form****

**Thank you for completing this form and offering your time and skills to support the National Forest.**

**All information will be treated as confidential and not passed to any other organisation without prior consent. For our full privacy policy, please see** <https://www.nationalforest.org/privacy-policy>

****Part 1: About you****

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Telephone no:** |  |
| **Email address:** |  |

[ ]  **I confirm that I am over 18.**

****Part 2: Your interest in volunteering****

****What motivates you to volunteer?****

[ ]  Build confidence

[ ]  Develop new skills

[ ]  Exercise / to stay active

[ ]  Socialising / networking

[ ]  Support wildlife conservation

[ ]  Other (please state):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What volunteering activities are you interested in?

[ ]  Conservation tasks

[ ]  Habitat creation

[ ]  Looking after community areas

[ ]  Species monitoring

[ ]  Woodland management

[ ]  Other (please state):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you first hear about this opportunity?

[ ]  National Forest Website

[ ]  Poster / flyer

[ ]  Social media (please state):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Word of mouth

[ ]  Newsletter

[ ]  Other (please state):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

****Part 3: Emergency details and medical information****

**Do you have any medical conditions or allergies which you would like to make us aware of?**

[ ]  **Yes (please specify):**

[ ]  **No**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you require any support or adjustments to volunteer with us? If yes, a member of our team will contact you directly to discuss these further and find out how we can best support you.**

[ ]  **Yes**

[ ]  **No**

**Emergency contact details:**

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship to you** |  |
| **Contact number** |  |