



Orchestra of The Swan - Volunteer Registration Form

Please complete this form to help us provide the best volunteering opportunity for you.

Name:	
Address:	
Telephone No/s:	
Email:	
Emergency Contact (name):	
Emergency Contact (tel.):	
Medical Issues/medication:	<p>(Whilst you are not obliged to provide this information it may be helpful in an emergency situation).</p>
Specific support needs:	
First Aid Training:	

Age Group (please tick box):

under 16
 17-24
 25-34
 35-44
 45-55
 56-64
 over 64

Ethnicity (please tick box):

White/White British
 Black/Black British
 Asian/Asian British

Mixed
 Other (please specify):

Areas of interest (tick all that apply):

Events
 Education
 Working with older people
 Front of House (ticket sales etc)
 Office work
 Marketing

The information given on this form is confidential and will be treated with the strictest confidence and in-line with the Data Protection Act.

How long are you able to volunteer with us?

Previous experience:

Days available:

Day	AM	Hours	PM	Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Is there anything you would like to achieve in your time at OOTS?

Referees

	Referee 1	Referee 2
Name		
Relationship to Referee		
Address		
Email		
Tel no		

Start Date:

Volunteer signature:

Date:

Staff signature:

Date:

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