



Volunteer Contact Sheet: Confidential

DATE:

Personal Information:

1. Name:
2. Date of Birth:
3. Start Date:
4. Address and Postcode:
5. Phone:
6. Email
7. Preferred form of contact?



8. Gender * (Please Tick)

Female	Male	Non-binary	Prefer not to say
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Age* Please select the category that reflects your age (Please tick)

Under 18	18-24	25-29	30-34	35-40	41-44	45-49
50-54	55-59	60-64	65-69	70-74	75-79	85 +
Prefer not to say						

9. What is your Ethnicity * (Please tick)

White English, Welsh, Scottish, Northern Irish or British.		White Irish	
White Gypsy or Irish Traveller		Any other White background	
Any other White background		White and Black Caribbean	
White and Black African		White and Asian	
Any other Mixed or Multiple ethnic background.		White and Black Caribbean	
Asian/Asian British – Pakistani		Asian/Asian British – Indian	
Asian/Asian British - Bangladeshi		Asian/Asian – Chinese	
Any other Asian background		Black/Black – African	
Black/Black – Caribbean		Any other Black, African or Caribbean	
Any other Black, African or Caribbean		Arab	
Any other ethnic group:		Asian/Asian British - Bangladeshi	



Health & Wellbeing

10. Do you have any current or past medical Conditions we need to be made aware of, Including allergies? Yes No

11. Are you currently taking any medication? Yes No

12. Do you have any learning needs or disabilities that might Impact on your ability to do certain tasks? (This will not prevent you from volunteering with us) Yes No

13. Referral Source *

Where did you hear about us? (Please Tick) – **Pre-compiled by Learn in a Flash**

Link Worker/social prescriber		GP	
Self-referral - Online		Self-referral - I wandered past	
CMHT- Community Mental Health Team		Community Organisation	
Referral from friends/ family/ Word of Mouth		Other (please specify): <u>Learn in a Flash</u>	



EMERGENCY CONTACT INFO

In the case of a medical emergency, we may need to contact a member of your immediate family or support network on your behalf. Please share current information and inform your emergency contact of this sharing.

Name

Relationship

Mobile phone

Home Phone

HAVE YOU RECEIVED AND AGREE TO OUR CODE OF CONDUCT?

Data protection Consent

To comply with the General Data Protection Regulation (GPDR) 2018 we must ask for your permission to store and process your personal and sensitive data. This is for the purposes of health and safety, keeping you informed and providing figures for funders.

Please read the information and sign, to provide your consent. Without your consent, we will be unable to keep your information on our database.

Name
Address
Postcode
Telephone numbers/ s
Email Address

I would like to receive emails from Bulwell Forest Garden	Please circle Y N
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I give my consent for Bulwell Forest Garden to record my personal data information

Name			
Signature		Date	