



Application form - Volunteers – The Game Change Project

Please note that the information on this form is for the use of the Game Change Project and is not available to any other individuals or groups. This means that we will not disclose your e-mail address, mobile number or any other details to another individual without your permission.

Details of Person

Name _____ Date of Birth ____/____/____
Address _____
Post Code _____
Sex: Male / Female (Circle Appropriate)
Mobile phone number _____
Email Address _____

Emergency Contact Details

In the event of an emergency relating to the applicant please provide information below which we can use to contact you.

Emergency Contact Name _____ Relationship _____
Contact Telephone Number/s _____

Medical Information

Are there any medical conditions (i.e. allergies, epilepsy, asthma, diabetes, travel sickness etc.) which we should be aware of?

Please give any details of special dietary needs we should be aware of (e.g. food allergies)

Please give details of any other communication, physical or emotional needs we should be aware

Please circle which role is of interest and indicate level of experience (if any):

Machine operating/basic mechanics Mentor:	None	Limited	Good
Equine handling Mentor:	None	Limited	Good
Rural skills Mentor:	None	Limited	Good
Marketing/PR/Admin:	None	Limited	Good

We may take photographs and videos of activities. These images may be used for promotional purposes. If you do NOT wish to be photographed please tick this box

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I agree to participate in The Game Change Project and the activities run by the team. I understand that every care will be taken to ensure the health, safety and welfare of volunteers and participants. I understand that I will receive an induction and any necessary training, information and DBS Checks before commencing the role. I give consent to being contacted regarding this opportunity.

Name _____ Signature _____ Date ____/____/____