

Children and Young People's events 2016

Volunteer Information, Consent and Agreement Form



1. Your details		
Name _____		
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth _____
Home address _____		
Postcode _____	Email _____	
Landline _____	Mobile _____	
Term-time address <i>(if different - please include dates you are resident at this address)</i> . _____		

Postcode _____	Landline _____	
2. Dietary Information		
Omnivore <input type="checkbox"/>	Vegan <input type="checkbox"/>	Vegetarian <input type="checkbox"/>
Particular Dietary needs e.g. allergies <input type="checkbox"/>		
<i>Volunteers with food allergies (e.g. nuts) or intolerances (e.g. gluten) should tick their dietary preference (e.g. omnivore) as well as ticking 'Particular Dietary needs'. Please indicate in section 4a, and include relevant details on a separate sheet.</i>		
3. Emergency Contact Information – for residential events you will be sent an Emergency Contact Info Sheet before the event to pass onto those you have named as contacts if you so wish.		
This information enables us to contact those who need informing in the event of an emergency. Please provide two contacts at different addresses.		
Name 1 _____	Relationship _____	
Landline _____	Mobile _____	Work phone _____
Contact Address during event _____		
Name 2 _____	Relationship _____	
Land line _____	Mobile _____	Work phone _____
Contact Address during event _____		

turn over...

4. Medical Information and Consent

Name of GP _____ Tel No _____
Address _____
Date of last anti-tetanus injection _____

- Do you have any:
- 1) Allergies (anaphylaxis) (e.g. dietary, medication, chemical, environmental, etc.) Yes/No
 - 2) Cognition and learning needs (e.g. Dyslexia, ADHD, Dyspraxia etc.) Yes/No
 - 3) Mental health conditions (e.g. panic attacks, depression, self-harm, disordered eating etc.) Yes/No
 - 4) Physical health conditions (e.g. Asthma, Diabetes, Epilepsy, Migraine etc.) Yes/No
 - 5) Sensory and physical needs (e.g. impaired hearing or sight, colour blindness, restricted mobility etc.) Yes/No
 - 6) Does any of the above (1-6) require medical treatment? Yes/No

If yes, please provide further detail on a separate sheet

Please inform the responsible staff member as soon as possible (in writing including your signature)

- of any changes in the medical / other circumstances between now and the start of the event
- if you come into contact with/suffer from any infectious diseases in the four weeks prior to the event

I consider myself to be medically and psychologically fit to participate in the event. YES/NO

5. Data Consent

I agree to my personal data being held securely in accordance with BYM policy and to my contact details being shared within the context of the event. YES/NO

6. Image Consent

May we use your image in BYM publications including on the BYM website: YES/NO	May we use your image in independent publications, including The Friend, to promote our work: YES/NO
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7. Event Consent

I am satisfied that all reasonable care will be taken for the safety of those participating including myself and that other insurance and safety measures have been taken. YES/NO

8. Agreement and signature

As a volunteer on a BYM children and young people’s event I agree to:

- Operate within BYM policies and according to the appropriate role description - go to www.quaker.org.uk/cyp-policies-procedures to read these policies and guidance.
- Attend the necessary planning / training days and be at the event at the stated times.
- Be accountable to the CYP staff members responsible for the event.
- Return the forms required by the CYP office within the stated times.

The information I have given is accurate. I agree to it being held for the period required by the insurance policy in paper / electronic form and it being used to assist in the work of Children & Young People’s Staff Team. *Please sign below to indicate agreement to the above consents and agreement.*

Signed..... **Date**...../...../.....