

**VOLUNTEER REGISTRATION FORM**

**Role Applied For (if applicable):**

1. **Volunteer’s Details**

Full name: Date of birth:

Address:

Postcode:

Daytime telephone no:

Email:

 **Next of Kin:**

(Or details of adult’s you would like us to contact in an emergency)

1. Name:

Relationship to participant:

Home no: Mobile no:

Email:

1. **Additional Information** Yes No



Do you have a disability,

medical condition or learning support need?



Do you require any special

requirements for the workshop sessions?

If yes to any of the above, please provide details below:

In the event of an emergency do you give consent to receive treatment?

1. **Signature**

Signature: Date:

Name (in block capitals):

1. **How did you hear about volunteering with Fluid Motion Theatre Company?**

WEBSITE BVS WORD OF MOUTH OTHER

1. **Do you have any skills that you think would be of benefit to Fluid Motion Theatre Company?**
2. **Why do you wish to volunteer with Fluid Motion Theatre Company?**
3. **Photography Consent**

Occasionally, we may take photographs for use on our website, print media and for evaluation and monitoring purposes.

To comply with the Data Protection Act 1998, we need your permission before we can photograph or make any recordings of you for promotional purposes.

Please answer questions 1-3 below, then sign and date the form below:

 Yes No

1. May we use your photograph on our

company website and other printed publications

that we produce for promotional purposes?



1. May we record your image on video or webcam?



1. Are you happy for your images to appear in the media?
2. **Photography Consent Signature**

Signature: Date:

Name (in block capitals):

Would you like to join our mailing list?

If Yes state preferred email address: