



# Laughton Greenwood Volunteers Form

<b>Name:</b>	
<b>Phone number and/or email address:</b>	
<b>Emergency contact and their phone number:</b>	

<b>Do you have any allergies or medical/health conditions? If so, please state them.</b>	
<b>Do you carry any emergency medication? If so, please state them.</b>	

<b>Permission to take photos and videos, and use them for marketing/media?</b>	<b>Y / N</b>
<b>FOR YOUR CHILD/CHILDREN: Permission to take photos and videos, and use them for marketing/media?</b>	<b>Y / N / N/a</b>

<b>Would you like to sign up to our newsletter?</b>	<b>Y / N</b>
<b>Would you be interested in being a Laughton Greenwood member?</b>	<b>Y / N</b>

*Please inform us of any changes to this form in the future so we can stay updated and ensure all our volunteers are safe and looked after.*

*Thank you.*

\_\_\_\_\_  
SIGN OVER PRINTED NAME

\_\_\_\_\_  
DATE