TONGHAM WOOD IMPROVEMENT GROUP CONTACT SHEET

VOLUNTEER DETAILS NAME

TAT TIVIL	
ADDRESS	
POSTCODE	
MAIN PHONE NO.	
(Home/Work/Mobile)*	
2 nd PHONE NO.	
(Home/Work/Mobile)*	
3 rd PHONE NO.	
(Home/Work/Mobile)*	
E-MAIL	
* Delete as appropriate	
EMERGENCY CONTACT	
NAME	
ADDRESS	
TELEPHONE	
MOBILE	
WOBILE	
SKILLS/SPECIALIST KNO	OWLEDGE/EXPERIENCE
PLEASE LIST ANY SPECIALI	ST SKILLS/KNOWLEDGE/EXPERIENCE BELOW (e.g. good
	ecies/trees/birds/funghi etc., marketing/pr skills, website skills,
photographic skills. Anythir	ng of possible value!)

(Continue overleaf if necessary)

ADDITIONAL INFORMATION FOR HEALTH & SAFETY (used for emergency use only)

Do you have Certified First Aid training? D	elete as appropriate	Y/N	
Please note any relevant health details e.g. allergies, asthma emight prevent you from doing	etc. and the sort of wo	rk this	
Please note any mental or physical difficulties and any activities from doing	es these may prevent y	ou	
To inform First Aiders if they need to treat you please inform you are taking	us of any regular medic	cation	
Have you had a tetanus immunisation in the last 10 years?	Delete as appropriate	Y/N	
CONFIRM USE OF YOUR DETAILS			
Do you consent to your photograph being used for publicity?	Delete as appropriate	Y/N	
Do you wish to be added to the TWIG mailing list?	Delete as appropriate	Y/N	

Your details will only be used by Tongham Wood Improvement Group, your consent will be sought prior to any other use. Only your contact details (the green boxes) will be distributed amongst the group so that we can keep in touch with eachother.