



CLARE CASTLE COUNTRY PARK

The Old School
Callis Street
Clare
Suffolk CO10 8PX

VOLUNTEERS INFORMATION FORM

This form is strictly confidential but it is **IMPORTANT** that you give all relevant information

**N.B. PLEASE KEEP WITHIN YOUR PHYSICAL CAPABILITIES IF YOU ARE UNABLE TO DO A TASK
PLEASE SAY SO OR DON'T DO IT! - NO ONE WILL MIND YOUR SAFETY IS OUR No 1 CONCERN**

DON'T COMPETE WITH OTHERS, SIMILARLY ACCEPT THAT OTHERS MAY WORK SLOWER THAN YOU.

Name

Address

Tel. Number

Age

Emergency contact person

Name:

Tel. No.

Doctor

Telephone number

Medical information. *Please give us all relevant information about any conditions that may affect you during your volunteer session, including any actions that may be needed to be taken. If required please use the back of the form for additional information.*

Are you covered for Tetanus? Yes / No

I have read the information sheet "**Safety information for Volunteers working in the Park**" tick