# Occasional Volunteers Registration Form

If you would like to get involved in a longer-term or more regular volunteering role, please [follow this link to view our current vacancies](https://www.guidedogs.org.uk/volunteering/) and complete our online application form.

The Occasional Volunteer Registration Form permits up to 4 instances of volunteering within a 12-month period.

### About you

|  |  |
| --- | --- |
| **Staff contact:** | [eventvolunteers@guidedogs.org.uk](mailto:eventvolunteers@guidedogs.org.uk) |
| **Role (please delete as appropriate):** | Events |
| Title: |  |
| Surname: |  |
| Forename: |  |
| Date of birth: |  |
| Address: |  |
| Postcode: |  |
| Day-time telephone: |  |
| Mobile phone: |  |
| Email Address: |  |

### If you consider yourself to have sight loss, please tell us your preferred format(s) or communications (please delete as appropriate)?

Email / Large print / Extra large print / Braille / Audio

### Emergency contact details

|  |  |
| --- | --- |
| Full name |  |
| Relationship to you |  |
| Mobile/phone |  |

### Data Protection Information

We will use the personal information collected on this form to process your application and to communicate with you about volunteering. We respect your personal information and your privacy and will not share or sell your information to other organisations. We will use your contact details and information on how you have supported us to provide you and others with information we think you will find interesting. To help us do this we may use publicly sourced data and information from data analytics companies.

**To hear about ways you can donate or raise funds for our life-changing services, please let us know how you would like us to contact you.**

Email Text Telephone

**By signing below, I undertake to follow guidance given to me by authorised representatives of Guide Dogs for the Blind, and to tell them if I feel unable to perform any aspect of my role.**

Signed: ………………………………………... Date: …………………………

**Please send this form back to** [eventvolunteers@guidedogs.org.uk](mailto:eventvolunteers@guidedogs.org.uk) **or FAO Guide Dogs Events Team, Hillfields, Reading Rd, Burghfield Common, Reading RG7 3YG**

### Office use only:

Date sent to the Volunteering Office:

(Volunteering Office, Guide Dogs for the Blind, Gibfield Park Avenue, Atherton, Wigan, M46 0SU or volunteer@guidedogs.org.uk)

### Parental permission if under 18 years (under 16 Scotland)

Dear parent / guardian - your son / daughter wishes to volunteer with Guide Dogs for the Blind

**To be completed by manager:**

Details of volunteering:

(Managers must ensure they provide their full name and contact number in case of an emergency)

**To be completed by parent:**

Parent/Guardian signature:

|  |  |
| --- | --- |
| Relationship: |  |
| Name: |  |
| Date: |  |

Please sign above to confirm you are happy for them to take part.

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