

St John the Baptist Church, Needham Market Volunteer Contact Details

Name:

Date of Birth:

Contact Telephone Number

Contact Email Address:

Home Address:

In Case Of Emergency, Please Contact:

Name:

Home Telephone:

Mobile Telephone:

Work Telephone:

Medical Information:

Do you have ANY conditions requiring medical treatment, including medication?

YES/ NO

If YES, please give brief details on the other side of this form

Are you allergic to any medication/ food/ nuts/ bee stings etc?

YES/ NO

If YES, please give details on the other side of this form

Do you use an inhaler?

YES/ NO

Name, Address and Telephone Number of Doctor:

Date of last Tetanus shot, if known:

Declaration

To my knowledge, all the details given are correct at the date of signing.

I HAVE READ, FULLY UNDERSTAND, AND AGREE TO WORK IN ACCORDANCE WITH THE LATEST POLICIES, WITHIN ALL MY OFFICIAL VOLUNTEER WORK FOR ST JOHN'S NEEDHAM MARKET.

Signed:

Date:

