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| **PERSONAL DETAILS** | |
| FORENAMES | SURNAME |
| TITLE Mr / Mrs / Miss / Ms / Dr / Other (please state) | |
| HOME TEL NO | MOBILE TEL NO |
| Email address | |
| Address | |
| Emergency Contact Name | |
| Emergency Contact Relationship | |
| Emergency Contact Tel Number | |
| How would you prefer to be contacted? | |
| It is often useful for volunteers and staff to be able to contact each other before or during an event quickly and effectively. With that in mind, we find it useful to be able to circulate contact information (email and mobile number) among staff and volunteers on briefing information. Are you happy for your email address and mobile phone number to be shared in this way?  Yes / No  The privacy and security of your personal data is extremely important to us. You can view our privacy policy at http://www.chf.org.uk/Fundraising\_Privacy\_Policy.pdf | |
| **ADDITIONAL INFORMATION** | |
| Do you have any specific skills or experience that you feel would be advantageous to us in this volunteering capacity? | |