|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF VOLUNTEER** |  | **ADDRESS** |  |
| **D.O.B** |  |
| **EMAIL** |  |
| **MEDICAL CONDITIONS** |  |
|  | **PHONE** |  |

Areas in which you would be happy to help?

 Reception / Admissions

 Door Steward

 Backstage Assistant

 Onstage Announcer

 Adjudicator Scribe (MUST have good dance knowledge)

 Trophy & Certificate Steward

 Sound Technician

 Runner

What days are you available?

 **SOLENT NOVICE FESTIVAL**

Saturday 8th May AM PM ALL DAY

Sunday 9th May AM PM ALL DAY

**SOLENT DANCE FESTIVAL**

 Saturday 15th May AM PM ALL DAY

Sunday 16th May AM PM ALL DAY

Do you have a current DBS or Enhanced DBS Certificate and can provide a copy of this? YES / NO

Are you a qualified First Aider? YES / NO

Please state any qualifications or experience that will enhance your role?

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I have read and understood the Child Protection and Safeguarding Policy

I have read and understood the Risk Assessment

Signed ……………………………………………………………………………………………

Full Name ………………………………………………………………………………………

Date ………………………………………………………………………………………………