

Activity Alliance voluntary and professional employment self-declaration form u18s

You have a right of access to information held on you and other rights under the Data Protection Act 1998

Name of volunteer:	
Date of Birth:	
Gender: M/F	
Address:	
Contact Number:	
Email:	
Signature:	
By signing this you have understood and are agreeing to the terms of the Activity Alliance staff and volunteer code of conduct at events	
Date:	



Parental Consent for Volunteers under the age of 18

- I.being parent/guardian of the above named child hereby give permission for the Activity Alliance Welfare Officer or Activity Alliance Event Manager to give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter’s interest, in the doctor’s medical opinion, for any delay to be incurred by seeking my personal consent.
- II. You have read through the Activity Alliance staff and volunteer code of conduct

Signature:	
	(consent by parent/guardian)
Date:	
Full Name (Block Capitals):	
Emergency Contact Details	
Telephone Number	
Mobile Number:	
Address:	

If you would like this form in an alternative format please email info@activityalliance.org.uk