



VOLUNTEER DETAILS FOR 2019 ROYSTON ARTS FESTIVAL

Name:	
Address:	
Home Phone no:	
Mobile no:	
Email address:	

Emergency contact: name and phone no of someone to contact in the event of illness or accident while you are volunteering:	
Do you have any health problems we should be aware of?	

How did you hear about volunteering at the Festival?	
Do we have your permission to store your details for volunteering at the 2020 Festival?	

THESE DETAILS ARE CORRECT AND I AGREE FOR THEM TO BE USED BY THE ACTING VOLUNTEER CO-ORDINATOR FOR CREATIVE ROYSTON FOR CONTACT AND REFERENCE PURPOSES ONLY. THEY WILL NOT BE SHARED WITH ANY OTHER ORGANISATION.

IF YOU HAVE NOT GIVEN PERMISSION FOR THESE DETAILS TO BE STORED FOR NEXT YEAR THIS FORM WILL BE SHREDDED AND INFORMATION DELETED FROM OUR RECORDS AT THE END OF THE 2019 FESTIVAL.

Signed Date