**Section A – Personal Details**

|  |
| --- |
| Name: |
| Full postal address: |
|  Under 18 [ ]  19-24 [ ]  25+ [ ]  | Welsh speaker? Yes [ ]  No [ ]  Learning [ ]  |
| Telephone:  | Mobile number: |
| Email address:  |
| Parent/Guardian Email (under 16’s only):  |

|  |  |
| --- | --- |
| Do you have any physical or medical conditions, or any medication that we may need to be aware of? |  |
| Do you have any dietary requirements?  |  |

|  |  |  |
| --- | --- | --- |
| Emergency Contact Name: | Relationship to you: | Mobile number: |
| Telephone:  | Contact address: |
| Additional emergency contact information: |  |
| **PERMISSIONS –** to be signed by the above emergency contact We will hold the above data to contact you in case of an emergency. This data will be held for as long as the individual you are an emergency contact for, volunteers at CBMWC. The data will be destroyed should the volunteer cease their commitment. I consent to my personal data being held by WTSWW for the reasons and duration listed above. Signed: ……………………………………………………………………………… Date: …………………………*If submitting digitally please type your name and this will be deemed as your signature.* |

**Section B – Interests**

Please select all the volunteer activities you would like to become involved with –

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Tick** | **Activity** | **Tick** |
| Land based marine surveys |  | Running our visitor centre |  |
| Boat based marine surveys |  | Community engagement events  |  |
| Entering/checking data |  | Beach cleans  |  |
| Social media  |  | Youth Forum (aged 9-24 only)  |  |

Do you have any other interests that you could draw upon as a volunteer?

|  |
| --- |
|  |

**Section C – Availability**

Please select when you are available.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Day** | **MON** | **TUE** | **WED** | **THURS** | **FRI** | **SAT** | **SUN** |
| **AM** |  |  |  |  |  |  |  |
| **PM** |  |  |  |  |  |  |  |

How often do you feel you will be able to help?

|  |  |
| --- | --- |
| Regularly (e.g. one a week, fortnightly)  |  |
| Occasionally (e.g. once a month)  |  |
| Only for set event dates  |  |
| Sporadically ( e.g a few times over the year)  |  |

**Section D – Skills and Experience**

Please select the skills and experience you would bring to WTSWW and CBMWC

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Tick** | **Activity** | **Tick** |
| Biological surveying/recording  |  | Working with the public |  |
| Wildlife Identification  |  | Working with children\* |  |
| Photography  |  | Beach cleans  |  |
| ICT/data entry and management  |  | Social media and blogging  |  |
| Administration/office skills  |  | Fundraising  |  |

**\* please note a Criminal Record Bureau Check will be required wherever work with children is involved**

**Section E – Permissions**

|  |
| --- |
| The Cardigan Bay Marine Wildlife Centre (CBMWC) uses your personal data (from your volunteer registration form) to place you in the most suitable volunteer role, to coordinate volunteers and in case of accidents or medical emergencies. Information will be stored securely for the duration of your volunteer commitment. Should your volunteer commitment end, we will store this data for three years. Thereafter, your data will then be destroyed unless you state otherwise. ***Please ensure that CBMWC are made aware of any changes to these details.***Please sign below if you consent to us holding this information. If you are the parent/guardian of the above applicant, then please sign to confirm you consent to CBMWC holding this information.Signed: …………………………………………………………... Date: ……………………………………..*If submitting digitally please type your name and this will be deemed as your signature.*If under 18 when volunteering starts, a parent or legal guardian will be required to complete a parental consent form before participation in volunteering activities can take place. |