



Ascension Island Conservation Volunteer Details Form



PLEASE USE CAPITAL LETTERS

Personal details:

Full name

Address

Telephone

Email

Emergency contact :

Please give details of the person you would like us to contact in an emergency

Full name

Address

Telephone

Email

Relationship

To help us ensure your safety please list :

- 1/Any activity you may find difficult for health or other reasons
- 2/Medication you are taking that a first aider or doctor should be aware of
- 3/Allergies and the location of any medication you carry (e.g. EPI pen)

I understand the voluntary work may be physical and I confirm that I do not suffer from any medical condition that would prevent me from carrying out the voluntary work (tick box)

Declaration of suitability and confidentiality:

- During my volunteering I understand I may be working with material that is not public knowledge and I will ensure this material remains confidential.
- Personal accident insurance cover and insurance for my personal effects is my responsibility and the medical insurance must cover voluntary work with the Conservation Department.
- I will adhere to the risk assessments and work procedures associated with any voluntary activities.
- I will follow all directions given to me by the Conservation Department volunteer supervisors.
- I understand that this agreement to volunteer is not intended to be a legally binding contract of employment or work and may be cancelled at any time at the discretion of either party

• Signature _____ Date _____

Ascension Island Government will retain your details for personnel administration and analysis of your work as a volunteer, including assessing your suitability for future volunteering.

Please return your completed form to Ascension Island Conservation Department, Conservation Centre, Georgetown, Ascension Island, ASCN 1ZZ. Email: conservationenquiries@ascension.gov.ac