



Volunteer Registration Form

The purpose of this form is to register volunteers who are assisting with the Castle Point Community Allotment.

Name.....

Address.....

Phone number.....

Email address.....

Date.....

Emergency Contact Name

Emergency Contact Phone Number.....

By providing this information, you will have also read, agreed, and signed the Castle Point Community Allotment Waiver of Liability form.

Privacy notice

Our privacy policy including how we use or share your information, our disclaimer and copyright information.

- The data will be held by the Group Secretary
- We will keep your data that we need to provide services and do what the law says we must
- We will keep your records safe and accurate
- We will only keep your data whilst you are a registered volunteer
- We will collect, store, and use your data in a way that does not break any data protection laws.

Things you can do to help us:

- Tell us when any of your details change

By signing this you also agree to photography which may include yourself, to be used on Facebook or Website. Please advise if you do not wish to be in photos.

Signed.....

Date