



Volunteer Registration Form

Name

Address

.....

Postcode: Phone No: Mobile:

E mail Website:

Art form (if applicable)

nesa may contact you for all areas where we need help – setting up exhibitions, adjudicating, administration, assisting in workshops etc for you to choose.

I have experience of working with the following groups (please tick):

- Children Young people Adults Older people Mixed age group
- People with learning difficulties People with mental health needs Disabled people

Have you ever had an enhanced police check? Yes No

If yes, what is the date of your last enhanced police check?.....

Do you have public liability insurance? Yes No

If yes, what is the expiry date of your public liability insurance
and what is the limit of this liability? £..... (insert amount)

Have you enclosed a CV? Yes No

Please indicate any relevant qualifications/experience you have

Please provide any other relevant information on another sheet

I agree to this information being stored on computer. I also agree that it may be used for mailing purposes and for sharing with other arts/community organisations seeking volunteers. Returning via email constitutes acceptance of the above and your certification that the enclosed details are correct

Signed *Date*