

Helix Volunteering Request Form

The survey will take approximately 6 minutes to complete.

* Required

Contact details

1. First Name *

2. Last Name *

3. Address *

4. Phone Number *

5. Email address *

6. Emergency Contact Details (Name, address and phone number) *

About you

7. Have you volunteered with The Helix before? *

Yes

No

8. Do you have additional support needs? *

Yes

No

9. If you have answered 'Yes' to the above, please give more details. This will help ensure we match your request to the appropriate tasks. If you have answered 'No' please just answer 'N/A'. *

10. What kind of volunteering are you interested in? *

Confirmation

11. Are you happy for the details you have provided to be kept on file? *These will only be used for purposes relating to volunteering at The Helix* *

Yes

No

12. The Helix will provide Personal Protective Equipment (PPE) such as gloves, hi-vis vest and goggles.
All volunteers and carers (where applicable) should wear hard-wearing footwear with a good grip, such as wellington boots or walking boots and be dressed for the weather. Volunteers and/or carers will be excluded from tasks if they do not have the correct footwear and/or clothing. *

I agree

I disagree

13. Please input the date you have submitted the form on *

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

 Microsoft Forms