

Dawlish Town Council

Volunteer Marshal Application



Thank you for deciding to apply to become a volunteer marshal for Dawlish Town Council.

Please take a few minutes to fill in this form.

You can choose not to answer any question.

If you are unsure about any part of the document, please ask for advice or assistance.

Why do we ask for this information?

When you have applied to be a volunteer marshal for Dawlish Town Council we ask for your name, address and contact details.

We ask for these contact details for example, to be able to contact you about different events where we need volunteer assistance.

We ask for your age and employment status, but these are purely optional questions and you may choose not to answer them. When this information on age and status is requested it is used anonymously in aggregate.

We ask for your next of kin details in case you were taken ill unexpected while volunteering and we needed to contact someone to tell them you have been taken ill.

You can cease being a volunteer with Dawlish Town Council at any time.

Dawlish Town Council has a privacy policy on its website but if you would like a printed copy please just ask us for one.

Your Details	
Title:	
First Name:	
Surname:	
Address:	
Postcode:	
Daytime telephone number:	
Evening telephone number:	
Mobile:	
Email:	

Please give brief details of any previous marshal or related voluntary experience and include any related qualifications/or attended relevant courses:

Please tick when you could be available as a volunteer marshal:

	Mon	Tues	Wed	Thurs	Fri	Sat
AM						
PM						

The next two questions on employment status and age are optional and do not have to be answered. If you do not wish to do so, please go on to the next page.

What is your current employment status?

Employed	
Not employed	
Houseperson	
Retired	
Student	
Unable to work	
Unemployed	
Prefer not to say	

Which age group are you in?

18-25		35-39		50-54		Over 65	
26-29		40-44		55-59		Prefer not to say	
30-34		45-49		60-64			

Medical Conditions

Please give details of any medical conditions that we need to be aware of (i.e. who to contact if you were suddenly taken ill). This information will only be used by the Event Organiser if requested by the ambulance or paramedic services.

Next of kin details	(For contact in an emergency only)
Mr Mrs Ms Miss Other: Surname:	
First names:	
Address: Postcode:	
Telephone no (including area code): Mobile no:	
Relationship to you:	

Consent to data being stored by Dawlish Town Council.

By ticking this box and signing in the box below you agree to your details being held by Dawlish Town Council in accordance with the General Data Protection Regulations 2018 and your details being used to contact you with information relevant to your volunteer role with us. Please indicate which methods you prefer us to use when contacting you.

Signed _____ Date: _____

Prefer contact by email by telephone by post

Please return this form to Events, Projects and Tourism Officer, Dawlish Town Council, The Manor House, Old Town Street, Dawlish EX7 9AP