

Volunteer Form



PERSONAL DETAILS

Full name: _____

Address: _____

D.O.B: _____

Phone: _____

Email: _____

Emergency contact: _____

Contact phone: _____

Do you have any medical/other conditions which might limit your performance as a volunteer? If so, please provide details, or indicate if you would like to discuss in person.

DECLARATION

I understand that I will not be asked to do the work of a paid employee and will not be financially remunerated for my time.

I give consent to Brink Productions to make, use and retain personal information as detailed above and understand that I can withdraw my consent at any time in writing to Brink Productions by email at volunteer@brinkproductions.com

I understand that Brink Productions may record the workshops, and use my image and/or reproduce my image by any medium and I give my consent to the recording.

I understand that Brink Productions will not pay me for the use of my image or the activities undertaken in the workshop.

I have read Brink's Volunteer Policy and agree to carry out the role to the best of my ability and to abide by the requirements in the Volunteer Policy.

As a volunteer, I understand that I am to take reasonable care for my own health and safety as well as the health and safety of others.

I understand that I will be covered by Brink's volunteer insurance.

I understand that either party can end this arrangement.

Signature: _____ Date: _____