**JUNIOR AND PLACEMENT VOLUNTEERS**

|  |  |
| --- | --- |
| **Participant name:** |  |
| **Participant telephone:** |  |
| **Participant email:** |  |
| **Date of birth:** |  |

**EMERGENCY CONTACT**

Please provide emergency contact details if different from Parent/Guardian information:

|  |  |  |
| --- | --- | --- |
|  | **Contact 1 (required)** | **Contact 2 (optional)** |
| **Name:** |  |  |
| **Address:** |  |  |
| **Telephone:** |  |  |

**DECLARATION OF ILLNESS, DISABILITES OR ALLERGIES**

This section is to notify us of any illness, disability or allergy that the volunteer may suffer from. Please complete with ‘not applicable’ if none.

|  |  |  |
| --- | --- | --- |
| **Illness, disability or allergy** | **Does participant require treatment or additional support?** | **Is Holly Hagg Community Farm required to assist with treatment or support? If so, how and when?** |
|  |  |  |
|  |  |  |
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**PHOTOGRAPHY RELEASE:**

A photographer may be present on the farm and the participant may be photographed while volunteering. Please indicate below if you are willing to grant Holly Hagg the right to use images in which you are clearly recognisable in publicity materials or on social media:

**I am happy for my image to be used** **Please do not use my image**

**UNDER 18 PERMISSION FORM**

|  |  |
| --- | --- |
| **Participant name:** |  |

All participants under the age of 18, who are unescorted on Holly Hagg Community Farm by an adult, must have a parent or guardian sign this form. Please read it carefully before signing.

**CONDITIONS FOR VOLUNTEERING:**

To volunteer on Holly Hagg Farm the participant must:

* Follow all safety instructions and procedures presented in connection with Holly Hagg Farm;
* Use all necessary precautions to protect against property loss or damage, bodily injury, and death;
* Immediately stop participating in the Project if any activities become too strenuous, difficult, or hazardous

**ASSUMPTION OF RISK:**

**I UNDERSTAND THAT WORKING ON THE FARM MAY INCLUDE HANDLING LARGE ANIMALS TOGETHER WITH POTENTIALLY DANGEROUS ACTIVITIES THAT MAY TAKE PLACE AT A LOCATION OR UNDER CONDITIONS THAT MAY BE DANGEROUS TO THE PARTICIPANT. THE PARTICIPANT AND I ACCEPT FULL PERSONAL RESPONSIBILITY FOR ALL RISKS THAT COULD ARISE.**

|  |  |  |
| --- | --- | --- |
|  | **Parent/Guardian 1 (required)** | **Parent/Guardian 2 (optional)** |
| **Name:** |  |  |
| **Address:** |  |  |
| **Telephone:** |  |  |

I can confirm that:

* I hereby agree to the terms and conditions of Holly Hagg Farm Under 18 Volunteer Permission Form
* I am the parent or legal guardian of the Participant
* The Participant is physically able to participate in the Project
* I will cause the Participant to agree and comply with this Agreement and not to take any actions that would assist or cause Participant to violate, invalidate, renounce, negate, revoke, or disclaim any part of this Agreement
* Participant’s involvement in the Project is completely voluntary, and neither Participant nor I have received nor expect to receive any compensation for participating in it.

I HAVE **READ THIS AGREEMENT** AND HAVE **SIGNED IT FREELY** WITH UNDERSTANDING OF ITS CONTENT

Parent/guardians signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLACEMENTS AND AWARD SCHEMES**

Please indicate if you are volunteering as part of the following:

|  |  |  |
| --- | --- | --- |
| **College placement** | **Name of course:** |  |
| **Client placement** | **Referring organisation:** |  |
| **Work experience** | **Type of work:** |  |
| **Duke of Edinburgh** | **DoE Number:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant name:** |  | | |
| **Mentor (if applicable):** |  | | |
| **College /organisation:** |  | | |
| **Contact at organisation:** |  | | |
| **Contact telephone:** |  | **Contact email:** |  |
| **Start date:** |  | **Duration:** |  |