

Fundraising Group Member: Registration Form



Personal Details

Title:

First Name:

Last Name:

Address:

Email Address:

Mobile Phone Number:

Home Phone Number:

Emergency Contact Details

Please give details of a person we can contact in an emergency

Name:

Relationship to you:

Mobile Phone Number:

Home Phone Number:

Address:

Access, medical and support requirements: Please provide details of any relevant access, medical or other requirements we may need to be aware of.

Your connection with Candlelighters:

About you: Please give details of any specific knowledge, skills or experiences that might be useful when fundraising for Candlelighters, plus any preferred role within the group.

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Declaration: The information I have given is correct and may be used for registration purposes under The Data Protection Act 1998.

Name:	Date:
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DBS Checks: Please be aware that the Chair and Treasurer role will require a DBS check.

References: Please provide details of two referees. These should not be relatives, and, if possible, one of them should know you in a professional capacity.

	Referee 1	Referee 2
Name:		
Relationship to you:		
Email address:		
Mobile Number:		
Home Number:		
Address:		

Personal Information: Your details will be stored on the Candlelighters database and will be used to contact you about this volunteering role.

Do you consent to us further contacting you about our services and other ways you can help, including ways to volunteer, take part in research, how you can donate to us and how you can get involved in our activities including fundraising?

By E-mail	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By Phone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By Text	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By Post	<input type="checkbox"/> Yes	<input type="checkbox"/> No

We promise to always keep your details safe and we will never sell or swap your details. If you change your mind about hearing from us, you can stop receiving our updates at any time by emailing info@candlelighters.org.uk or calling 0113 322 9283.

Signature:	Date:
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Media consent: Photos may be taken at our events, if you are concerned or have any problems regarding this, please let us know prior to the event you are attending.

Should you be captured in media taken on the day, we take consent unless you state and sign below for it to be used in promotional material.

Yes (If yes, please sign below) No

By signing this you give Candlelighters permission to use images in print, online, in film and any other way they see fit to promote the charity until you notify us otherwise.

Participant's Signature: _____

Fundraising Group Member:
Registration Form



Thank you for your interest in
volunteering with Candlelighters.

Please return your completed form to:

Rebecca Swithenbank, Community Fundraiser, 8 Woodhouse Square, Leeds, LS3 1AD