

# Royal Engineers Museum, Library Archive (REMLA) Volunteer Registration Form

**Name**

**Address**

**Post code**

**Tel No.**

**Mobile**

**Email**

## Emergency contact

Please provide the details of someone we can contact in the event of an accident or illness while volunteering

**Name**

**Address**

**Tel No.**

**Mobile**

## Access requirements/health conditions

If you have any access requirements or health conditions, eg allergies, medication etc that we should be aware of please state below.

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## Availability

Please tick the days below to indicate when you are available to volunteer

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Please sign & date below when resources/training received

	Date	Signature
Volunteer Agreement		
Health & Safety		
Security		
Child Protection		
Name badge		

