## Get Involved with Stainmore Railway Company!

Name:	Preferred method of contact:
	home phone / mobile / email*
Home Tel:	Address:
Mobile Tel:	
Email:	
Date of birth:	
	*please circle, or delete, as appropriate
Why do you want to volunteer with us? Is to	here a particular role that interests you?
Have you valunta ared before?	Yes/No
Have you volunteered before?	res/No
If yes, in what capacity?	
Do you have any relevant skills or experien	
previous volunteering, hobbies and interest	S.
Development well-free free 0. 7	
Do you have any relevant qualifications? T	nese coula be non-rallway related.

Health and Safety	
•	appropriate support in your volunteer role, please advise us below or medical conditions that you think may affect the type of volunteer ut with us:
	n emergency contact name and number* for someone we can get in unlikely emergency when you are on-site with us:
Name:	· · · · · · · · · · · · · · · · · · ·
Tel:	
Email:	
	nfidentially, and will be stored securely, and the emergency ntacted for that purpose.
,	· ·
Please tell us how you for organisation, website or	ound out about volunteering with us (this could be through another word of mouth)
CONSENT and AGREE	MENT
I confirm that:	
<ul> <li>the information I h</li> </ul>	nave given above is correct
<ul> <li>I consent to my su Company.</li> </ul>	ubmitted data being collected and stored by Stainmore Railway
<ul> <li>I understand that our project.</li> </ul>	completing the application form does not guarantee a place with
Signed:	Date:
(If you are returning this	form by email, please either print your name or insert a scan of
your signature)	
	erest in volunteering with us. Please return your application
either by email to:	SRC_volunteers@kirkbystepheneast.co.uk
or by post to:	Joan Lennox, Bonniegarth, Barras, Kirkby Stephen CA17 4ES