



Volunteer Application Form 2022

This information will be stored on our Database and handled in line with our Privacy Policy.

Personal Details

Full name:	Date of Birth:
Home address:	Date of application:
Postcode:	Mobile:
Email address:	Occupation:
Sailing experience/qualifications:	
How would you like to help Horizons? (e.g Fundraising, instructing)	

Preferences

Please Circle Below

Would you like to receive Horizons text messages (e.g. when we cancel a session)?	Yes	No
Would you be willing to drive the minibus? (You need a D1 entitlement and be aged 25-70)	Yes	No
Do you agree to follow the Horizons (Plymouth) Code of Conduct?	Yes	No
Do you give permission for Horizons to administer any relevant treatment or medication to you when or if necessary (e.g. First Aid, or Use of an epi-pen)	Yes	No
In an emergency situation I authorise Horizons to take me to hospital and give my full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand that my emergency contact will be notified, as soon as possible, of the hospital visit and any treatment given by the hospital.	Yes	No
For grant application purposes, do you or any of your immediate family have any current or recent connections with the armed forces, including Merchant Navy and fishing fleet?	Yes	No
If so, which service are they connected to?		
Do you consent to a DBS check being carried out where necessary?	Yes	No
If your current DBS check is transferable; please provide the Update Service ID number.		
It is your responsibility to inform us if any of the relevant details have changed since your last DBS check. Please complete a Self Declaration Form overleaf if this is your initial application to Horizons, or if your details have changed.		

Fitness to take part and health declaration

Are there any medical or other reasons why the participant believes they may require some special consideration? If you circled yes, please provide details in the Further Information Section.	Yes	No
Signature:	Date:	

Emergency Contact Details

Full name:	Relationship:
Mobile:	Landline:
Home Address: Same <input type="checkbox"/>	Postcode:

References: (To be completed on initial application only)

Please give details of two people (not friends/family) who have known you for at least 2 years	
Full Name:	Full Name:
Address:	Address:
Email:	Email:
Contact Number:	Contact Number:
Connection to you:	Connection to you:



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Further Information

Name:

If you circled "Yes" in the Fitness to take part section, please provide additional details here.
E.G. Do we need to know about any coping strategies, or medication that relate to the safety of participants while on or off the water.

Special Category Data

Please Circle Below

I confirm that I have given Horizons the medical information listed on this page (if any) for the purposes of my participation in Horizons activities. I understand that this information will only be used for that purpose and will be retained for as long as necessary to comply with Horizons legal obligations.

I agree

I do not agree