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| --- | --- | --- | --- | --- | --- |
| Name: | | | | | |
| Employer: | | | | | |
| Job role in company/area of expertise: | | | | | |
| Preferred contact email address: | | | | | |
| Contact tel. no. (preferably mobile no. to enable bulk text to volunteers): | | | | | |
| I confirm that I am over 18.  Yes/No | I confirm that I am a STEM Ambassador.  Yes/No | | | I confirm that I have a current DBS certificate (issued **after** 10th July 2015)?  Yes/No | |
| Any dietary requirements? Yes/No  Details: | Any accessibility requirements?  Yes/No  Details: | | | Do you have a valid first-aid certificate?  Yes/No  Details: | |
| Have you previously volunteered at a BBNW at the Exhibition Centre Liverpool?  Yes/No  Details: | Do you have any other experience that would support your role as a BBNW volunteer?  Yes/No  Details: | | | | |
| For which session (s) are you available? | Early  07:00-  08:15  Yes/No | AM  08:15- 13:00  Yes/No | | PM  11.15-16:00) Yes/No | Late  16:00-17:00  Yes/No |
| What size T-shirt do you require | **XS S M L XL** | | | | |
| Where did you hear about the event? |  | | | | |
| Please select a training session (optional for previous BBNW at the ECL volunteers) | Tues 26th June 5-6pm  YES/NO | | Sat 30th June 9.30-10.30am  YES/NO | | |