|  |  |  |  |
| --- | --- | --- | --- |
| 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? | AM  07:00-11.30  Yes/No | PM  11:00-3:00  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 (essential for registration team volunteers) | Weds 27th June 5-6pm  YES/NO | Sat 30th June 11am- 12pm  YES/NO | |