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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/NoDetails: | Any accessibility requirements? Yes/NoDetails: | Do you have a valid first-aid certificate? Yes/NoDetails: |
| Have you previously volunteered at a BBNW at the Exhibition Centre Liverpool?Yes/NoDetails: | Do you have any other experience that would support your role as a BBNW volunteer?Yes/NoDetails: |
| For which session (s) are you available? | AM07:00-11.30Yes/No | PM11:00-3:00Yes/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 5-6pmYES/NO | Sat 30th June 11am- 12pmYES/NO |