

Hidden Help Volunteer Declaration



Name:

Address:

Email:

Contact telephone number:

Category of Volunteer (Driver / Delivery / Warehouse/Shop):

Date of completion of Induction:

I have completed the relevant stages of induction to be a registered volunteer for Hidden Help Charity Number 1193305 and agree to follow all relevant policies as published.

I agree for Hidden Help to keep a record of my personal details and induction training for the purposes of legal compliance and I understand that they will not be shared with any other organisation without my express, written permission.

I understand that Hidden Help will destroy all of the records it holds on me within three months of my ceasing to be a volunteer, unless I give express permission for elements of my record (contact details) to be retained.

Signature:

Name:

Date of Declaration: