



Big Local Youth Volunteer & Publicity Consent Form

Name	
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Gender	
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Address	
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Email	
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Tel No	
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Mobile No	
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Previous Volunteering Experience	
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Age	
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Date of Birth	
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School/College	
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Preferred Activities

Please Tick

Youth Action Team	
Youth Filmmaking Club	
Supporting Community Activities/Events	
Other (Please state what)	

Times and Periods Available

All	Mon	Tues	Wed	Thu	Fri	Sat	Sun
AM							
PM							
EVE							



Do you consider yourself disabled?	Yes (Please provide details)	No
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Do you have any medical conditions to declare?	Yes (Please provide details)	No
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Do you have any extra support needs we should know about?	Yes (Please provide details)
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Text Message Communication

We often communicate to our young volunteers/participants via group WhatsApp/Text Messaging. The admin is Taz Virdee on 07840047771 for the Big Local Youth Action Team WhatsApp group.

Are you happy for us to keep your child updated about our Big Local Youth Action Team projects/activities/events via WhatsApp/Text?

The message groups are regulated daily. Your child may Opt-Out at any time.

Yes I am happy, I give my consent ()	No thank you ()
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Please provide details of who we should contact in an emergency	Name:
	Relationship to the child:
	Address:
	Tel No (1):
	Tel No (2):



Consent for photography and film

Heston West Big Local (Berkeley Academy) may be using photography and/or film taken during this programme / event to promote its work with other organisations. Images/film taken may appear in publications, on websites, on advertising or marketing materials. Photographs and/or film may also be released to the media, funders, educational organisations, local charities/community groups and/or Local Authorities.

By completing this form you are consenting to Heston West Big Local (Berkeley Academy) and any organisation associated with its work using your image in publicity materials related to our work.

Young Person Declaration	
I give my consent for my image/film taken to be used by Heston West Big Local (Berkeley Academy) and other organisations as stated above in publicity materials	Full name:
	Signature:
	Date:
	Contact Tel. No:
	Contact Email:

Parent / Legal Guardian Consent <i>(where required)</i>	
I give my consent for the young person named above to be film taken/ photographed for use in publicity materials for Heston West Big Local (Berkeley Academy) and other organisations associated with Heston West Big Local (Berkeley Academy)	Full name:
	Signature:
	Date:
	Contact Tel. No:
	Contact Email:

Please turn over for the Big Local Youth Volunteer Form Declaration



Local Trust | Big Local



Big Local Youth Volunteer Form Declaration

I confirm that to the best of my knowledge and belief the information I have given in support of my child's Big Local Youth Volunteer Application is correct and I have not misled/withheld any information in relations to my child's welfare and safeguarding.

I hereby consent to the processing of sensitive personal data (as defined in the Data Protection Act 1998) involved in the consideration of this application

PARENT/ GUARDIAN NAME:
SIGNATURE.....
DATE:.....

Thank you.

Please return this form to Taz Virdee in person or via email
t.virdee@berkeleyacademy.org.uk

For more information about our community project please visit: www.hestonwest.org

Heston West Big Local, Berkeley Academy, Cranford Lane, Hounslow, TW5 9HQ