

# Volunteer Renewal Form 2025

This form **must** be completed in full to ensure we have your up to date contact information and to confirm you will abide by the A.V.A Constitution & the A.V.A Health and Safety Procedures.



Registered charity No: 1159587

**All volunteers are expected to help at least 12 days per year.**

Please either return the completed form & payment by post (cheque only made out to **Aeropark Heritage Aircraft Collection**) to:

**Phil Slater, 16 Coombe Close, Shepshed, Loughborough, LE12 9HH**

or hand it in to Graham, Ken or myself in person at the Aeropark with your payment.

## Your Details

Title:    Mr       Mrs       Miss       Other	
Surname: _____ First name/names: _____	
Home Address: _____  Postcode: _____	Your Membership No:  <b>VA</b> .....
Mobile Telephone Number: _____	
Email Address: _____	
Date of Birth: _____	
Do you have any medical conditions or disabilities that you would like us to know about? Yes <input type="checkbox"/> please give us some details of how this may affect you at the Aeropark  No <input type="checkbox"/>	

## Emergency Contact details – Please include a telephone number

Name: _____
Relationship to you: _____
Home Address: _____  _____
Contact Phone Number _____

Please sign to show that you agree to:

- The rules of the A.V.A Constitution.
- At all times follow and abide by A.V.A Risk Assessments, Method Statements and any other Health & Safety procedures relevant to the work you are undertaking.
- The A.V.A keeping your personal details on our computer database (all information we hold is secure and only certain committee members may access the data we hold. No personal information will be shared with any 3<sup>rd</sup> party without full permission from yourself).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY**

**PAYMENT:**

Cash.....

Card.....

Receipt No:

Payment taken by:

Name:.....

Signature:.....

Date:.....

Card Activated by: .....

Membership No:

**VA**.....

Spreadsheet

Updated By: .....

Date.....