Nubie (Youth) Volunteer Application

	Surname:	
Date of Birth: (dd/mr	m/yyyy)	
Home Address:	Name of main parent/guardian:	
	Mobile of main parent/guardian:	
	Email of main parent/guardian:	
Home Telephone N	Number:	
Emergency contact (different to main guardian) Name:	N. C. 1. 1/ 11	
Address:	School year	
	School year.	
Mobile Number:	r:	
relationship to me		
Where did you hea	ar about the Museum's Volunteer Programme? (please tick)	
— Where did you hea □ The museum	☐ Egypt Centre website ☐ Press ☐ Radio	Leaflet
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☐ The museum	☐ Egypt Centre website ☐ Press ☐ Radio ☐ Friends of The Egypt Centre ☐ A volunteer	☐ Leaflet
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☐ The museum ☐ Friend REFERENCE (please proof you are 16 or over you	☐ Egypt Centre website ☐ Press ☐ Radio ☐ Friends of The Egypt Centre ☐ A volunteer	☐ Leaflet
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Parent/Guardian Consent Form

Chi	lď	s Name: _			
Dat	te d	of Birth:	Day:	Month:	Year:
Hea	alti	h Informat	ion:		
	1.	Does your c	child have any	medical conditions or disabilitie	es we should be aware of?
	2.	Does your c	child have any	condition requiring medical trea	atment, including medication?
	3.	Please outli	ne any special	dietary requirements/food alle	rgies your child has.
	4.	What type o	of pain relief/c	old & flu medication does your	child take?
	5.	Is your child	d allergic to an	y medication?	
Cor					
Plea	se	tick boxes			
	me an	edication, as aesthetic or	instructed an blood transfu	d to any emergency dental, med	first aid, including pain relief/cold dical or surgical treatment, including y the medical authorities present. I r provided.
		_	-	provided with the appropriate stre and its staff.	subsistence and will be picked up on time
		onsent to m vertising pui		photographed by staff for The Eg	gypt Centre to use for marketing and
			-	illowed to use The Egypt Centre offee and biscuits).	's equipment, including kitchen facilities
Pare	ent,	/Guardian N	ame:		
Sign	natu	ıre:			Date:

Monitoring Form

1. Health	
My health is good	☐ My health is fine but I have a disability
f you have a disability,	please detail in the space provided:
2. Next of Kin	
Name:	
Relationship:	
Address:	
Tolonhono	
Telephone: Mobile:	
Email:	
	are optional. However, we would appreciate the information so we can better target our tion is for internal use only and will not be divulged to third parties.
resources. This informat 3. Ethnic Origin	tion is for internal use only and will not be divulged to third parties.
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