



**REGISTRATION FORM  
ADULT VOLUNTEERS  
PLEASE FILL OUT IN BLOCK CAPITALS**

**1. Details of Adult Volunteer**

Full name: ..... Date of birth: ..... / ..... / .....

Home address: .....

.....

.....

Post code: ..... Email: .....

Tel No (H): ..... Tel No (W): ..... Mobile number: .....

DBS update No (if applicable): .....

**2. Emergency Contact Details**

**Contact 1**

Name: ..... Relationship: .....

Tel no (H): ..... Tel No (W): ..... Mobile: .....

Email: .....

**Contact 2**

Name: ..... Relationship: .....

Tel no (H): ..... Tel No (W): ..... Mobile: .....

Email: .....

**3. Medical, allergy or dietary information or emotional behavioural needs of adult volunteer**

Please give any details of the condition, allergy or needs and whether any medication is required.

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**4. Declaration of Health**

Do you consider yourself to be in good health at present? Yes / No

Have you attended the Doctor for any length of time over the past year? Yes / No

(If yes, please provide details below)

.....  
.....

Have you ever suffered from depression or any stress related illness and if so how long ago?

(If yes, please provide details below) Yes / No

.....  
.....

Have you suffered from tuberculosis, epilepsy or other fits? Yes / No

(If yes, please provide details below)

.....  
.....

Please provide details of your Doctor or Health Professional below:

Name: .....

Address: .....

.....

**Data Protection (Jersey) Law 2018 declaration:**

The information on this form has been collected by PATHWAYS for the purposes of administering and monitoring personal information and will not be disclosed to anyone else unless required by law, in the case of a life threatening medical emergency or by getting your agreement beforehand.

**I declare that the information on this form is correct. I fully understand and accept that it is my responsibility to inform Pathways of any changes to details contained on this form including any changes to medical conditions.**

Name (print): .....

Signature: ..... Date: .....

**Please return this form to the following address:**

PATHWAYS  
35 Les Quennevais Park  
St Brelade  
JE38GB

**PATHWAYS would like to thank you for taking the time to complete this form and should you have any queries or problems please do not hesitate to contact PATHWAYS at [hello@pathwaysjersey.co.uk](mailto:hello@pathwaysjersey.co.uk).**