

Colne Town Council  
Volunteer Information sheet

**Volunteer Information**

**Volunteering for**

**Colne in Bloom/Town Centre Floral Displays**

**Name**

**Address**

**Contact Number**

**Email Address**

**Emergency Contact Information**

**Name**

**Contact Number**

**Relationship with  
Volunteer**

**Any medical issues we need to be made aware of? (Please circle answer)**

**Yes**

**No**

**Details:**

**Do you consent for the information on this form to be stored by Colne Town Council to be used to inform you about future volunteering opportunities? (at any point you are able to have your details removed from the Colne Town Council)**

**Yes**

**No**

**By signing this form, you consent to follow the guidelines laid out by Colne Town Council for volunteering.**

**Signature**

**Date**