

 The 142055 Group

 Woodhead Railway Museum

 Guide Bridge Station

 Audenshaw

 Tameside M34 5HF

Email: the142055group@gmail.com

VOLUNTEER REGISTRATION PACK

We do appreciate that you become a paid member of the Pacer Rail Group to support the upkeep of 142055, please visit our website to join [www.the142055group.org](http://www.the142055group.org)

**PLEASE ENSURE ALL DETAILS ARE COMPLETED CORRECTLY, ANY INCORRECT INFORMATION MAY RESULT IN TERMINATION OF THIS APPLICATION. ALL INFORMATION GATHERED WILL BE PROTECTED UNDER GDPR, DETAILS CAN BE FOUND ON OUR WEBSITE** [www.the142055group.org](http://www.the142055group.org)

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| --- | --- |
| **FULL NAME** |  |

|  |  |
| --- | --- |
| **AGE** |  |
| **Date of Birth** |  |

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| --- | --- |
| **POSITION APPLIED FOR****Delete appropriately\*** | **CUSTOMER FACING / MAINTENANCE TEAM / CLEANSING TEAM/ GUARD & DRIVER / GENERAL POSITION COVERING ALL ROLES** |

**ADDRESS DETAILS**

|  |  |
| --- | --- |
| **HOUSE NAME/NO.** |  |
| **1ST LINE OF ADDRESS** |  |
| **2ND LINE OF ADDRESS** |  |
| **TOWN** |  |
| **CITY** |  |
| **POSTCODE** |  |

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| **CONTACT TELEPHONE NUMBER** |  |

**DISCLOSURE AND BARRING SERVICE – MANDATORY FOR NEW VOLUNTEERS**

**New volunteers that have not previously worked for The 142055 Group will need to complete this section, please give details of any Convictions that we may need to be made aware of for you to become an active volunteer for The 142055 Group.**

**Pacer Rail Group reserve the right to carry out a DBS check on Volunteers if required to do so.**

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**MEDICAL SECTION**

**MEDICAL HISTORY - PLEASE ENSURE YOU FULLY ENCLOSE ANY MEDICAL CONDITIONS THAT WE NEED TO BE MADE AWARE OF.**

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**IN THE EVENT OF AN EMERGENCY PLEASE STATE BELOW ANY MEDICATION THAT YOU ARE CURRENTLY TAKING – THIS INFORMATION WILL BE GIVEN TO THE EMERGENCY MEDICAL TEAM**

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**NEXT OF KIN DETAILS**

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| NAME |  |
| CONTACT NUMBER |  |

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PLEASE SIGN: DATE:

FOR OFFICE USE

ALL ABOVE INFORMATION IS CORRECT AND ABOVE-MENTIONED VOLUNTEER IS CLEAR TO START VOLUNTEERING DUTIES

**NAME: SIGN:**

**POSITION:**

**DATE:**