

Volunteers sign up **LOVEANDOVER**

First Name	<input type="text"/>
Last Name	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
County	<input type="text"/>
Post Code	<input type="text"/>
Phone	<input type="text"/> Your primary contact number
Mobile Phone	<input type="text"/>
Email	<input type="text"/>
Skills	<input type="text"/>
Interested in	<input type="checkbox"/> Radio <input type="checkbox"/> Online <input type="checkbox"/> Community <input type="checkbox"/> Events <input type="checkbox"/> Observer
Do you consent to a DBS check	<input checked="" type="checkbox"/> Some roles within Love Andover will require a DBS check to be completed. Please check the yes box to consent to this.
Please state your clothing size (S/M/L etc)	<input type="text"/>
Terms and conditions	<ul style="list-style-type: none">• I agree to abide by the company policies (Copies available on request),• I agree to represent the company in a good way at all times• I agree to wear company clothing as and when required.• I accept that should I fail to observe these conditions, the company have the right to ask me to leave.

I agree to the Terms & Conditions of volunteering	<input checked="" type="checkbox"/>
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Emergency Contact	<input type="text"/>
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Emergency Contact Number	<input type="text"/>
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Relationship	<input type="text"/>
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Date of Birth	<input type="text"/>
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Website, Blog or Social Media Link	<input type="text"/>
	<input type="text"/>

Interests or Hobbies	<input type="checkbox"/> Sports <input checked="" type="checkbox"/> Photography <input type="checkbox"/> Art/Crafts <input type="checkbox"/> Outdoors <input type="checkbox"/> Yoga <input checked="" type="checkbox"/> Music <input type="checkbox"/> Cuisine <input type="checkbox"/> other: <input type="text"/>
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Dietary Requirements	<input checked="" type="radio"/> Omnivore <input type="radio"/> Vegetarian <input type="radio"/> Vegan
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Allergies or Intolerances	<input type="text" value="Yes/No"/> ▼
	<input type="text"/>

Please specify any allergies or Intolerances you may have

Do you have any medical conditions we	<input type="text" value="Yes/No"/> ▼
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should be aware of? If so please give details	<input type="text"/>
Are you classed as disabled?	<input type="text" value="Yes/No"/>  <input type="text"/> Please state the nature of your disability, so we can provide you with any assistance you may require.
Ethnicity	<input type="text"/>  Please enter your ethnicity
Gender	<input type="text"/>  <input type="text"/> Please select how you identify
Sexuality	<input type="text"/>  <input type="text"/> Please state your sexual preference
Do you have a D1 Licence?	<input type="text"/> 
Sign in PIN code	<input type="text"/>