

Volunteer Registration Form



Surname:	First name(s):	
Address:	Telephone:	Date of birth:
	Email:	
Post code:		
<p>You must be a member of the Faversham Society for insurance purpose. Are you a member of the Faversham Society at present? : YES / NO If NO please tell us as soon as you join.</p>		
<p>Describe here any medical conditions we should know about e.g. asthma, bad back, allergies. Continue over if necessary.</p> 		
<p>You must have an anti tetanus injection. Have you had one in the last 10 years? : YES / NO If NO please tell as soon as you have one.</p>		
<p>Do you have any archaeological experience or other relevant skills of which we should be aware? (Don't worry if you haven't).</p> 		
<p>Do you have any preference as to the kind of archaeological work you would like to do?</p> 		
Signature:	Date:	

Return to Nick Wilkinson by posting to 23 The Knole, Faversham, Kent, ME13 7QG or EMAIL: nick.fsarg@hotmail.co.uk or bring in on your first day.