

Lynton and Barnstaple Railway



Volunteer Registration Form

Upon submission of this form, the L&B Railway will hold your information (in whatever form) for the company's 'legitimate interest'. Such information will be used solely for the purpose of the railway's administration and operation.

This contact information is only used so we can get in touch with you about railway matters. As well as your name and surname please provide the name you prefer to be used when working at the railway – eg Steve, Bob. If you are an L&B member then please give your membership number. If you are not a member then please consider joining!

| | | |
|-------------------------|-----------------------|----------------------------|
| name and surname | preferred name | membership number |
| address | | telephone number(s) |
| post code | email address | |

Most railway work requires a reasonable level of mobility and physical fitness. Use this section to let us know of any conditions you have that might restrict the work you do or require us to take specific action in some circumstances.

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| health restrictions or concerns |
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Please provide the name and phone number of person(s) we can contact in the event of you having an accident or medical emergency. Entering the contact's relationship to you is optional.

| | | |
|-------------------------------|--|----------------------------|
| emergency contact name | relationship to volunteer (spouse, partner, sibling, friend, parent) | telephone number(s) |
|-------------------------------|--|----------------------------|

Please sign to confirm that you have provided the information on this form, agree to it being held electronically and in paper form for railway administration purposes and have received a copy of the Personal Track Safety Guidance.

| | |
|----------------------------|------------------------|
| volunteer signature | date of signing |
|----------------------------|------------------------|

An L&B Manager will sign to confirm that they have received and reviewed the information on this form and authorised your registration on the L&B Management System – HOPS.

| | | |
|---------------------|------------------|------------------------|
| manager name | signature | date of signing |
|---------------------|------------------|------------------------|

Railway staff will sign to confirm that this information has been passed to the HOPS administrator

| | | |
|-------------------|------------------|---------------------|
| staff name | signature | date entered |
|-------------------|------------------|---------------------|