East Kent Access Road - Phase 2

Volunteer Application Form

First N	First Name: Surname:											
Home Address:												
Current Address (if different from above):												
Tel No.: Mobile No.: E-mail address:												
E-mai	l addre	ss:					•••••	•••••	•••••	•••••	•••••	
that de will be are inte Questie	pending able to t erested i	on the rake part n. On ou Qs) whic	in seve	who wistal aspect te (http://	sh to vol cts of ard //eastker	unteer, a chaeolog nt.oward	applicant gy so ple h.co.uk)	ts may b ease indi we have	e limite cate cle e a sect	d to five arly whice ion of Fr	days wo	ork. You ects you y Asked
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							e all tha					
Experie	ence req	uired. P	Work w lease att help. Th	ach you	r resum							
Opportunity 2 (Work with the Finds / Environmental Team) No experience required. Please indicate all the dates that you can help.												
Opportunity 3 (Community Excavation) No experience required. Please tick all the dates that you can attend. The Community Excavation will take place between Monday 10th May & Friday 4th June. Please put an EX if you wish to Excavate or FP if you wish to Finds Process (washing finds). Open days to the general public are on May 22nd & 23rd. These days will have reduced work hours.												
Mon 10	Tue 11	Wed 12	Thu 13	Fri 14	Sat 15	Sun 16	Mon 17	Tue 18	Wed 19	Thu 20	Fri 21	Sat 22
					X	X						
Sun 23	Mon 24	Tue 25	Wed 26	Thu 27	Fri 28	Sat 29	Sun 30	Mon 31	Tue 1	Wed 2	Thu 3	Fri 4
						X	X	X				
		•	Support at you ca		or the O	utreach	Officer	·) No exp	Derience	require	d. Plea	se
l ha	ave read	the Freq	uently A	sked Qu	estions	(FAQs) o	on your v	veb site.			(Please	tick)

Medical information to be completed by all volunteers

Full Name:		Female/Male:	Date	of birth:	
In the event of an emergency	we need to know th	e following information:			
Name & relationship to next of	of kin:				
Contact address & tel. no. if	different from your h	ome address:			
			. Post code:		
Contact Tel. number if differe	nt):				
Name of your Doctor:					
Address:					
	Post Code:	:Tel.	Number:		
Do you suffer from any medic		/ No If 'Yes' please gi			
Do you take regular medication	on: Yes/No If "	Yes' please give informa	ition as appropri	ate.	
Do you suffer from any allerg	ies: Yes / No If "	Yes' please give informa			
Do you wear contact lenses:		Do you wear prescriptio	n glasses: Yes	/ No	
Date of your last tetanus inject	ction:				
		vhich you think may be ι		your application	on.
Are you member of an archae How did you hear about these					
Exhibition - where seen	Personal contact	Posters - where seen	Local paper	Local radio	Website
	ı sian this form	please read the follow	owing inform	nation	
Please read the Frequency A information it contains will hel	sked Questions (FA	• Qs) on our website first l	pefore you comp	olete this form a	as the
If for any reason your circums please let the OWA Outreach				ou cannot atte	nd
As part of the official record, (March - July). By signing this VolkerFitzpatrick HOCHTIEF	s form you agree for	this material to be used			period
You can apply now for all the those that want to take part ir six days before you want to e	the Community Exc	cavation please send you	application for	m in asap and a	at least
Signed:		Da	ted:		
Name (printed):					

Please send your completed application form to 'Volunteering', Oxford-Wessex Archaeology, c/o VolkerFitzpatrick HOCHTIEF, The Project Office, Port Richborough Business Park, Ramsgate Road, Sandwich, Kent, CT13 9PQ.