



NARRS Volunteer Agreement

Full name:

Contact address:

Tel:

Mobile:

Email:

- I understand that I am not under any obligation to carry out voluntary work for The Herpetological Conservation Trust (the HCT), nor is the HCT under any obligation to use me as a volunteer.
- Voluntary work for the HCT may involve manual activities outdoors.
- I am fit and healthy enough to carry out the voluntary work that I will be involved in, and will inform the HCT of any special risks or requirements.
- I have received sufficient training and/or instructions to carry out the planned activities safely.
- I understand that I should not do anything that I do not feel able to do safely.
- I understand that I should always obtain the permission of landowners and/or tenants before entering land to carry out any activities on behalf of the HCT.
- I understand that I should not put others or myself in danger during the course of any voluntary activities.
- I have read and understood the HCT's Health & Safety Policy Statement, Generic Risk Assessment for Working Outdoors, and Lone Working Procedures.
- I understand that the purpose of risk assessment is to remind me of potential risks, and I should use these to make my own risk assessment(s).
- I understand that I must return this form before I can be covered by the HCT's insurance.
- I consent to my personal details being held by the HCT, including in electronic form.
- I agree to share copyright on any records I submit, and understand that they may be used, published or passed on to third parties for purposes such as conservation, science and education.
- The HCT will attempt to identify me as the author of records where possible, but it may not always be possible to do so, for example where maps and reports are based upon records submitted by many people.
- If I do not want my name to be attached to records passed on to others I will tick here: []
- I understand that the HCT exercises due diligence and consideration to any issues of sensitivity, confidentiality, ownership, copyright and data protection that may arise.
- I understand that if I am likely to encounter species that require licensing, I need to have received a licence accreditation letter from the HCT before signing the section below, or I need to have made other licensing arrangements.

Signed: _____

Date: _____

Protected species licensing

This should only be signed if you have received a letter accrediting you under the HCT's protected species survey licence. To accept the licence conditions, you must sign this form.

- As an Accredited Agent, I agree to abide by the terms and conditions of the HCT's licence and letter of accreditation.
- I understand that I am only licensed for the species and activities stated in the accreditation.
- I understand that I must sign and return this form to be covered by the HCT's licence.

Signed: _____

Date: _____

Note: only return one copy of this form for all your survey and monitoring activities for the HCT. Please return this form to The Herpetological Conservation Trust, 655A Christchurch Road, Boscombe, Bournemouth, BH1 4AP. You may wish to keep a copy for your own records.