

Please sign and return the following declaration for our records:

I have read:

* [The Trust's Health and Safety Policy 2022](https://www.hiwwt.org.uk/sites/default/files/2022-09/Health%20and%20Safety%20Policy%202022.pdf)
* [The Trust's Safeguarding and Child Protection Policy 2023](https://www.hiwwt.org.uk/sites/default/files/2023-05/Safeguarding%20and%20Child%20Protection%20Policy%20%282023%29.pdf)
* [The Trust’s Social Media Policy (2023)](https://www.hiwwt.org.uk/sites/default/files/2023-05/Social%20Media%20Policy%20%282023%29.pdf)

 and understand what is required of me as a Watercress and Winterbournes volunteer.

Name………………………………….…………………………..................

Signed…………………….…………. Date………………………………

This form can be returned electronically to winterbournes@hiwwt.org.uk for the attention of the Watercress and Winterbournes Support Officer