



SAWTRY HISTORY SOCIETY
HILL TOP EXCAVATION AND GEOPHYSICAL SURVEY
SEASON 3 (30 JAN - 14 MAR 20)
PARTICIPATION APPLICATION FORM

| | | | |
|----------------------|--|--------------------|--|
| First Name | | Family Name | |
| Home Address | | | |
| | | Post Code | |
| Contact No | | | |
| Email Address | | | |

The aim is to provide members of Sawtry History Society (SHS), Sawtry residents, Alconbury and Alconbury Weston residents and members of JigSaw affiliated archaeology groups/societies the opportunity to participate in a field excavation and geophysical survey.

You will have the chance to take part in a variety of field archaeological disciplines, so please indicate below which dates and activities you are interested in taking part. No experience is required. If you are unable to specify dates, then leave blank but please do notify participation in advance. You need only submit this application form once, then provide updates by email.

| Activity Date | Site Set-Up/Prep | Excavate | Site Records | Finds process | Geophys | Other |
|--------------------------------|-------------------------|-----------------|---------------------|----------------------|----------------|--------------|
| 30 Jan 20 | | | | | | |
| 31 Jan 20 | N/A | | | | | |
| 22 Feb 20 | N/A | | | | N/A | |
| 23 Feb 20 | N/A | | | | N/A | |
| 24 Feb 20 | N/A | | | | N/A | |
| 25 Feb 20 | N/A | | | | | |
| 26 Feb 20 | N/A | | | | | |
| 27 Feb 20 | N/A | | | | | |
| 28 Feb 20 | N/A | | | | | |
| 29 Feb 20 | N/A | | | | | |
| 1 Mar 20 | N/A | | | | | |
| 5 Mar 20 | N/A | | | | | |
| 6 Mar 20 | N/A | | | | | |
| 7 Mar 20 | N/A | | | | | |
| 8 Mar 20 | N/A | | | | | |

If you have ticked the 'Other' column, what would you like to do?

| |
|--|
| |
|--|

Additional Information

| | | | | |
|---|-----|--|----|--|
| I have read the Hill Top Excavation and Geophysical Survey Information Sheet | Yes | | No | |
| I am participating as a member of SHS | Yes | | No | |
| I am participating as a Sawtry / Alconbury / Alconbury Weston resident (see below)* | Yes | | No | |
| I am participating as a JigSaw affiliate | Yes | | No | |
| If 'Yes' to the above, which affiliated group/society? | | | | |

* Sawtry residents who do not wish to become full members of SHS will be required to take temporary membership for the duration of their participation at a charge of £1 per day.

| | | | | | |
|---|---------------|-------------------------|---------------------|---------------------|--------------|
| How did you hear about this volunteering opportunity? Please tick all that apply. | | | | | |
| SHS | JIGSAW | Personal contact | Sawtry Scene | Social Media | Other |
| | | | | | |
| If Social Media or Other, please specify: | | | | | |

Insurance

Please indicate which insurance cover you will use during your participation. By signing the application form you are confirming the validity of your insurance declaration.

| | | | | |
|--|-----|--|----|--|
| SHS insurance as a member | Yes | | No | |
| SHS insurance as a temporary member | Yes | | No | |
| JigSaw affiliated archaeology group/society member | Yes | | No | |
| Personal | Yes | | No | |

Medical Information

| | | | | | | | |
|---|--|-------------------------|--|---------------|--|----------------------|----|
| Full Name | | Male | | Female | | Date of Birth | |
| Name of Doctor | | Name of Practice | | | | | |
| Address of Practice | | | | | | | |
| Post Code | | Telephone No | | | | | |
| Do you suffer from any medical conditions? If 'Yes' please give information as appropriate below | | | | | | Yes | No |
| Do you take regular medication? If 'Yes' please give information as appropriate below | | | | | | Yes | No |
| Do you suffer from any allergies? If 'Yes' please give information as appropriate below | | | | | | Yes | No |
| Do you wear contact lenses? | | | | | | Yes | No |
| Do you wear prescription glasses? | | | | | | Yes | No |
| Date of your last tetanus injection | | | | | | | |

Emergency Contact

Please provide details of your next of kin or other person who can be contacted in the event of an emergency.

| | | | |
|---------------------|--|---------------------|--|
| Full Name | | Relationship | |
| Home Address | | | |
| | | Post Code | |
| Contact No | | | |

Please Read the Information Before you Sign this Form

If for any reason your circumstances change once you have sent in your application form and you cannot attend, please let the SHS Field Officer know as soon as possible by contacting:

sawtry.archaeology@yahoo.co.uk.

SHS will be taking photographs throughout the survey period. By signing this form, you are giving consent for any images you may be in to be used by SHS in publicity material, websites and SHS records.

Before you sign the form please check you have completed all sections, otherwise this may delay the processing of your application.

Scan or Photo your signed form then email to the following:

- SHS Field Officer at **sawtry.archaeology@yahoo.co.uk**

Applications will be accepted at any time prior to the first day of participation and confirmations will be notified at the earliest opportunity thereafter; please submit application forms as far in advance as possible. You need only submit an application form once; any changes or subsequent dates of participation can be notified by email.

For site safety reasons, please do not turn up if you have not received confirmation of your place.

Signed _____ **Dated** _____

Young Person (under 18)

Name _____

Signed _____ **Dated** _____

Name _____ **Parent** **Guardian**

Please include any additional information which you think may be useful to support your application.

Only the SHS Field Officers will have sight of applications forms.