



**SAWTRY HISTORY SOCIETY (SHS)  
SAFEFIELD FARM, EVALUATION EXCAVATION  
SEASON 3, SESSION 4 (16 - 19 NOVEMBER 2025)  
PARTICIPATION APPLICATION FORM**

|                      |                  |                    |  |
|----------------------|------------------|--------------------|--|
| <b>First Name</b>    |                  | <b>Family Name</b> |  |
| <b>Home Address</b>  |                  |                    |  |
|                      | <b>Post Code</b> |                    |  |
| <b>Contact No</b>    |                  |                    |  |
| <b>Email Address</b> |                  |                    |  |

The aim of this field archaeology event is to provide volunteers the opportunity to participate in an evaluation excavation. Please indicate below which dates you are interested in taking part; numbers may be curtailed, if this is necessary allocations will be in the order that applications are received. Please select one preferred date only, and one or more alternate dates. If numbers are curtailed and it is not possible to allocate you to your preferred date, you will be offered one of your alternate dates. Similarly, any preferred spaces will be offered to those who have indicated alternate availability. If you are unable to specify dates, then leave blank but please do notify requested dates as far in advance as possible.

| Date      | Preferred | Alternate |
|-----------|-----------|-----------|
| 16 Nov 25 |           |           |
| 17 Nov 25 |           |           |
| 18 Nov 25 |           |           |
| 19 Nov 25 |           |           |

**Additional Information**

Please tick the statements below that apply and identify the affiliated group if applicable.

|                                                                        |  |
|------------------------------------------------------------------------|--|
| I have read the SafeField Farm Evaluation Excavation Information Sheet |  |
| I am a member of Sawtry History Society (SHS)                          |  |
| I am a member of another JigSaw affiliated group                       |  |
| If a JigSaw affiliated group member, please specify:                   |  |
| I am not a member of SHS or JigSaw affiliated group                    |  |

Volunteers who are not members of SHS or a Jigsaw affiliated group will be granted temporary SHS membership for the duration of their participation and invited to pay a £1 admin fee in contribution.

Under 18s are welcome, but must remain accompanied by a parent or guardian.

How did you hear about this volunteering opportunity? Please tick all that apply.

| Sawtry History Society                    | JigSaw | Personal Contact | Sawtry Scene | Other 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 full member (membership of the Facebook group only does not constitute membership of the Society) |  |
| SHS insurance as a temporary member (£1 admin fee)                                                                   |  |
| Personal                                                                                                             |  |

## Medical Information

|                                                                                              |     |  |    |  |
|----------------------------------------------------------------------------------------------|-----|--|----|--|
| Do you suffer from any medical conditions that may limit which activities you can undertake? | Yes |  | No |  |
| Do you suffer from any allergies?                                                            | Yes |  | No |  |
| Date of your last tetanus injection (if known)                                               |     |  |    |  |

## 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 activity 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 SHS Field Officer at the above email address.

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 Officer will have sight of applications forms.***