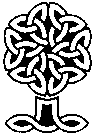
**Finlaystone Country Estate** ****

|  |  |
| --- | --- |
| **For office use only:** |  |
| Start date |  |
| Nominated day/s of attendance |  |

**VOLUNTEER APPLICATION FORM**

*Please complete this form to apply for a volunteer opportunity in the West Dean Gardens*

**Keeping it confidential:** This form is for general enquiries from people registering an interest in volunteering at Finlaystone Country Estate and is designed to help us make sure that you get the most out of volunteering with us. The information you give on this form will be stored in accordance with the Data Protection Act 1988. Finlaystone Country Estate will not pass your details to any third party (unless legally required to do so) but may use them to provide you with details about Finlaystone Country Estate. Please indicate your preference here:

**PERSONAL DETAILS:**

|  |  |
| --- | --- |
| Title: |  |
| First Name/s: |  |
| Surname: |  |
| Address and Postcode: |  |
| Contact telephone number: |  |
| E-mail address: |  |

**VOLUNTEERING:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Days/hours available: | | | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |

**SPECIFIC INTERESTS:**

|  |
| --- |
| What area would you like to volunteer woodland or garden? |
| What would you like to achieve through your voluntary work at Finlaystone? |
| Previous experience (Paid or Unpaid): |
| Do you have any support needs? Please specify: |

**MEDICAL DETAILS**

Please provide information about any medical conditions which might restrict the type of activities you are allocated if you are successful in your application to become a volunteer. Please include details of recent surgery, back/neck/knee problems, any medical treatment which may cause fatigue and any conditions which may prevent you working alone.

……………………………………………………………………………………………………………

……………………………………………………………………………………………………………

……………………………………………………………………………………………………………

**EMERGENCY CONTACT DETAILS**

|  |  |
| --- | --- |
| Name and Address of next of kin: | Relationship: |
| Telephone Number: |  |

**REFERENCES**

Please supply the names and addresses of two referees who know you well. This may be a previous or current employer, neighbour, head teacher or a previous volunteering project. Please note that a referee cannot be a relative.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Relationship to referee: | Contact No: | Email: |
|  |  |  |  |
|  |  |  |  |

We may occasionally take photographs during volunteer activities for use in Finlaystone Country Park publications, exhibitions, web-site, marketing and promotion. Please tick the box if you do not consent to your image being used.

**DECLARATION**

If you are 18 or over. I declare that the information that I have provided to the best of my knowledge and give consent for the above referees to be contacted.

**Signature:** Date**:**

If you are under 18, a signature of a parent or guardian is required to indicate approval for your participation, even if you will be 18 by the time your residential volunteering starts.

**Signature:** ………………………………………………………. **Date:** …………………….

**Name: (please print)** …………………………………………….

**Relationship to volunteer**: ……………………………………….

**For office use only:**

**Induction checklist:**

Information Pack

Staff introduction

Mess Room

Toilets

First Aid

Fire Extinguisher

Visitors’ Centre & parking

Orientation

Health & Safety

Completed by : ……………………………………………. Date : ……………………………………………………