

Volunteer Registration Form

Thank you for your interest in being involved as a volunteers at The Bressingham Gardens.

Please can you find the time to answer some questions below to let us know something about you. Thank you!

Which role are you interested in? (gardening, maintenance, secretarial,

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How did you find out about this volunteer role with The Bressingham Gardens?				
<u> Part 1 – P</u>	<u>ersonal details</u>			
Title:		Home Address:		
Full Name:				
T-shirt size				
Birth date				
Mobile tel:				
Email:				
We ask our volunteers to commit for at least 3 months, at least once a week and at least 3 hours per session. Available slots are Monday, Thursday and Friday 9-12 and 12-4pm. On Saturdays we have special project days 9-4 pm. Please indicate your availability and start date.				

floristry, other)

Part 2 – About you	
Background & Inte	rests Please provide some information about your experience in
gardening, or other i	roles that might be relevant, your reason for wanting to volunteer

and also what areas, on top of gardening, you feel you could help with.		

Employment Please mark the following boxes. Are you currently?

Employed (full-time)	Employed (part-time)	Unemployed	Retired	Student (full-time)	Student (part-time)

Please provide the details of someone we can contact in the unlikely event of accident or illness while you are volunteering; these details will not be passed on to any third party and will be kept securely with your information.

Name	
Relationship to you	
Daytime phone no.	
Mobile phone no.	

Part 5 – Health and Safety We believe gardening is good for everybody, it increases both physical and mental wellbeing. We do, however need to know what we sort of jobs we can involve you with, and rely on the fact that you will look after your health and turn down activities which are not suited to your physical or mental abilities. The Bressingham Gardens staff cannot be held responsible for injuries you may incur while working outside your comfort zone. Please indicate below any injuries or limitations we should be aware of.

1.	
2.	
3.	
4.	

Please confirm by signing below OR by typing 'I AGREE'.

I declare that the information I have given is, to the best of my knowledge and belief, true and complete.

Signed:		Date:
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Please complete and return

By email to: erica@bressinghamgardens.com

(If you cannot fill it in digitally, you can print, fill in and take a picture of it with your phone, then email it back to us.)

Data Protection: The information that you have provided is required to administer your interest in volunteering with The Bressingham Gardens. It will be held securely on the Bressingham Gardens volunteer database and in line with the requirements of the Data Protection Act 1998.