

VOLUNTEER REGISTRATION FORM



VENUE:

KEY CONTACT:

START DATE:

PERSONAL DETAILS

TITLE: Mr / Mrs / Ms / Miss

FULL NAME:

ADDRESS:

..... POSTCODE:

TELEPHONE No.:

E-MAIL ADDRESS:

DATE OF BIRTH:

Please supply a name and telephone number in the event of an emergency

NAME:

TELEPHONE No.:

Can you give the main reason/s why you are volunteering?

- To improve my employment situation
- To improve my physical fitness
- To become involved in my community
- To meet new people
- To become more confident
- To gain horticultural/environmental knowledge and skills
- To improve my mental health and wellbeing

Any other reason?

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Is there any other information we should be aware of which may affect your participation as a volunteer (e.g. disabled access, loop system, general health issues)? YES / NO

If Yes please specify: _____

How did you hear about us?

Advert Word of Mouth Family Leaflet
Referral Website Other (*please specify*)

Volunteer Signature Date: