



WESTON PARK

VOLUNTEER APPLICATION FORM

Surname _____ Title _____

Forename(s) _____

Full Address _____

_____ Post Code _____

Telephone Number _____

E-mail address _____

National Insurance Number: _____

Please Tick Areas of Interest

- ROOM STEWARDING IN THE HOUSE GRANARY GALLERY ASSISTANT
- CONSERVATION RESEARCH / ARCHIVE
- EDUCATION DAY LEADER EDUCATION ASSISTANT
- FORMAL GARDENS WALLED GARDEN

Please provide the days and times you would be available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Are you looking to volunteer:

All year round	<input type="checkbox"/>
Term time only	<input type="checkbox"/>
During school holidays only	<input type="checkbox"/>

Please indicate your current status:

Employed	Unemployed	Retired	Full-time student	Part-time student

Please briefly note any previous employment and/ or volunteer or other experience:

Please indicate any medical conditions that you may have that would have an effect with your volunteering duties

Please supply contact details of two people, who are not related to you, who can be contacted for written character references.

Surname _____ Title _____

Forename (s) _____

Full Address _____

_____ Post Code _____

Telephone Number _____ Email _____

Surname _____ Title _____

Forename (s) _____

Full Address _____

_____ Post Code _____

Telephone Number _____ Email _____



WESTON PARK

NEXT OF KIN

NEXT OF KIN DETAILS:

Contact in first instance:

Title (Mr./Mrs./Ms./Miss/Other):

Surname:

Forename(s):

Relationship to you:

Home Details:

Address:

.....

.....

.....

Telephone No(s):

Home:

Mobile:

Work Details:

Company:

.....

Address:

.....

Work Telephone No:

Contact in second instance:

Title (Mr./Mrs./Ms./Miss/Other):

Surname:

Forename(s):

Relationship to you:
.....

Home Details:

Address:
.....

Telephone No(s):

Home:
.....

Mobile:

Work Details:

Company:

Address:
.....

Work Telephone No:

YOUR BANK DETAILS (for expenses claims)

Name & Branch of Bank:.....

Account Number:

Sort Code:.....

I hereby confirm that the information given on this form is correct as at today's date.

Signed:.....Date:.....

Where did you hear about the volunteering opportunities at Weston Park?

- | | | | |
|-----------------------|--------------------------|-------------|--------------------------|
| Word of Mouth | <input type="checkbox"/> | Facebook | <input type="checkbox"/> |
| Poster | <input type="checkbox"/> | Twitter | <input type="checkbox"/> |
| Local Press | <input type="checkbox"/> | Local Radio | <input type="checkbox"/> |
| Local Gardening Group | <input type="checkbox"/> | | |

Please return this application form to

Katherine Dowd
Gallery and Learning Coordinator

Weston Park
Weston-under-Lizard
Nr Shifnal
Shropshire
TF11 8LE

Katherine.dowd@weston-park.com