



# 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:**
- |                              |                          |
|------------------------------|--------------------------|
| EDUCATION                    | <input type="checkbox"/> |
| ROOM STEWARDING IN THE HOUSE | <input type="checkbox"/> |
| CONSERVATION                 | <input type="checkbox"/> |
| FORMAL GARDENS               | <input type="checkbox"/> |
| GRANARY GALLERY ASSISTANT    | <input type="checkbox"/> |
| RESEARCH / ARCHIVE           | <input type="checkbox"/> |
| WALLED GARDEN                | <input type="checkbox"/> |

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:

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

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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 \_\_\_\_\_

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:

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.....

Telephone No(s):

Home:

.....  
.....

Mobile: .....

Work Details:

Company: .....

Address:

.....  
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Work Telephone No: .....

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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

Alison Poole  
Curatorial and Learning Development Coordinator

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

[alison.poole@weston-park.com](mailto:alison.poole@weston-park.com)