|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Contact Telephone Number |  |
| Contact Email |  |
| Which Venue would you like to volunteer at: |  |
| Are you happy to have a CRB Check completed: |  |
| When would you like to Volunteer ( Please state the times next to the relevant days) |
| MondayTuesdayWednesdayThursdayFridaySaturday |
| What support would you like to offer? |
| Can we support you with any further training or advice? |
| Please note if you do not wish to provide the below information you are still welcome to volunteer for us. |
| Ethnicity: |  | Age Range:(Please tick the appropriate field) | 18 – 24 |  |
| 25 – 35 |  |
| 35 – 50 |  |
| 50 – 60 |  |
| 60+ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date Started Volunteering with the Trust: |  | Date Ended Volunteering with the Trust: |  |

Volunteering as part of our Environmental Team

Volunteering within our gardening team will give you the opportunity to meet new people, develop your horticultural skills and gain experience working on a variety of environmental projects.

Please tell us which activities you are happy to do; which you would like further training before undertaking and which activities you feel are not for you.

Please note that before volunteering with Paddock Community Trust we will complete your Induction training.

|  |  |  |  |
| --- | --- | --- | --- |
| Activity | Happy to do | Would like training in this area | This is not for me |
| Completing manual tasks including weeding, cutting and planting |  |  |  |
| Using a range of hand tools to complete gardening tasks |  |  |  |
| Following instructions |  |  |  |
| Cleaning and maintaining gardening equipment |  |  |  |
| Following all health and safety practices |  |  |  |
| Additional comments: |

*Paddock Community Trust is passionate about training and developing our members and volunteers and as such all volunteers will be offered a range of additional training including aspects of shop management and a range of courses available from the Trusts training and outreach team.*

Please complete the following:

|  |
| --- |
| Emergency Contact |
| Full Name |  |
| Relationship to you |  |
| Contact telephone number (Preferred) |  |
| Contact telephone number (Secondary) |  |
| Address |  |

Are you currently taking any medication? Yes / No (Circle)

If yes please detail ……………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………….

Do you have a criminal record Yes / No (Circle)

If yes please give details of any unspent convictions

…………………………………………………………………………………………………………………………………………………………….

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

Have you any restrictions set by the court Yes / No (Circle)

Please sign here to confirm that the Paddock Community Trust team has completed your induction

 training with you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Signed:

Date:

Signed on behalf of Paddock Community Trust:

Date: