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 **Volunteer Application Form**

Many thanks for expressing an interest in volunteering with Forest of Hearts. Please complete this form and return to carolelongden@forestofhearts.comor call 07774 424404 for more information.

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| **Personal Details** |
| Name |  |
| Address |  Postcode: |
| Phone |  |
| Email |  |
| Preferred method of contact |  |

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| **Emergency contact**Please provide a next of kin contact name and telephone number in case of an emergency |
| Name |  | Emergency telephone number |  |

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| **Which volunteer roles are you interested in?** |
| Green Therapy at Stratford Hospital |  | Tree planting |  |
| Leamington Hospital Garden |  | Warwick Hospital Garden |  |
| Events volunteer |  | Marketing volunteer |  |

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| **Availability**At what times would you be interested in volunteering? Please tick all that apply. |
|  | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |

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| **Experience/skills**Please tell us about any work, volunteering, personal experience, skills or hobbies that you have that are relevant to the role you are interested in. |
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| **References**Reference checks are a standard part of our volunteer selection process. Please provide the names and contact details of two people who know you well enough to comment on your suitability for your chosen voluntary position. They should not be family members. If you are unsure about whose details to provide, we are happy to discuss this with you. |
| **Referee 1** |
| Name |  |
| Address |  Postcode: |
| Phone |  |
| Email |  |
| How does this person know you? |  |
| **Referee 2** |
| Name |  |
| Address |  Postcode: |
| Phone |  |
| Email |  |
| How does this person know you? |  |

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| **Special requirements**Forest of Hearts is committed to equal opportunities. To enable us to consider any appropriate adjustments to the volunteer environment, and better support you in your role, please give details below of any disabilities, health issues (e.g. a bad back), additional support or other access needs. |
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| **How did you hear about us?** |
| Volunteer Centre |  | Our website |  | Our leaflet |  |
| Other organisation |  | Other website |  | Word of mouth |  |
| Friend or family |  | Other (please state) |  |  |  |

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| **If your volunteering role falls within the Rehabilitation of Offenders Act 1974, or is a specified or regulated activity, we will require you to do a DBS check.** |
| We welcome volunteer applications from everyone. Having a criminal record will not necessarily exclude you from volunteering with us, but the nature of the offence will need to be taken into consideration when assessing your suitability for the role you wish to apply for.  |

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| **Signed** |  |
| **Date** |  |

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| **Thank you for taking the time to complete this form. Please return to:** |
| Carolelongden@forestofhearts.com |