**Volunteer Application Form**

**The information captured in this form is required for you to volunteer at Lindengate. It enables us to communicate with you and to ensure your safety whilst you are on site. This information is stored securely and will not be shared outside of Lindengate. As part of being a volunteer we will add you to our volunteer and staff mailing list and as a result you may receive a periodic newsletter and information on events and activities at Lindengate. If you have any queries about filling in this form, please contact us for assistance.**

**Your details:**

Full name:

Address:

Email:

Telephone

Number(s):

Date of Birth:

**Please briefly explain why you are interested in volunteering at Lindengate.**

**Where did you hear about volunteering at Lindengate?**

**Please tell us about any relevant skills/interests/qualifications that might be relevant to being a volunteer at Lindengate.**

**Please tell us about any relevant employment/voluntary work history that you may have (for example, working with people with mental health issues or gardening**

**Please select which days you would be available to volunteer & what type of activities you would like to**

**be involved with:**

|  |  |  |
| --- | --- | --- |
|  | AM | PM |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |

|  |  |
| --- | --- |
| Gardening |  |
| Working with Service users |  |
| Site clearance |  |
| Site maintenance |  |
| Administration |  |
| Fundraising |  |
| Event’s organiser (e.g. open days) |  |
| Trustee |  |
| Member of Management Committee |  |
| Social Media |  |
| Activity Volunteer (e.g. cooking, crafts, etc) |  |

**Please let us know of any medical conditions, allergies, mobility, sight, hearing, substance misuse issues or anything else you think may be relevant which could affect your ability to do physical activities or work in a group, so we may ensure your safety and wellbeing. Please tell us about any other specific support you require:**

**Do you have, or have you had, any mental health conditions or issues?**

**If yes, please provide details:**

***(If yes, it will not necessarily affect your application to volunteer with Lindengate. We will ask you for further information, if required.)***

**Have you ever been convicted of a criminal offence?**

***(If yes, then this may affect your application to volunteer with Lindengate. We will ask you for further information to help us reach a decision, in accordance with Lindengate policy).***

*□* YES □ NO

**I certify that the information given in this form is correct**

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

**Please return your completed form by email to:** [**volunteer@lindengate.org.uk**](mailto:information@lindengate.org.uk)

**Or by post to: The Volunteer Coordinator**

**Lindengate**

**The Old Allotment Site**

**Aylesbury Road**

**Wendover**

**Buckinghamshire**

**HP22 6BD**

**Telephone: 01296 622443**

**Please mark as ‘Private and Confidential’**

**Please note that all Volunteer Application forms will be reviewed and prospective volunteers will be subject to the Charity’s standard checks prior to being accepted.**