



Registered Charity Number 1188213

Date Received:

Date Processed:

## Volunteer Application Form

### IN CONFIDENCE

Thank you for your interest in volunteering with The Living Tree. Please complete this form and return it to [admin@thelivingtree.org.uk](mailto:admin@thelivingtree.org.uk)

#### Personal details

Name:	
Address:	
Postcode:	
Phone:	Mobile:
Email:	I declare that I am over 18 <input type="checkbox"/>
Preferred method of communication: <input type="checkbox"/> Text <input type="checkbox"/> WhatsApp <input type="checkbox"/> Email <input type="checkbox"/> Call Mobile <input type="checkbox"/> Call Home	

#### Emergency contact details

Name:	Phone:
Email:	Mobile:

Please say how you heard about The Living Tree:

Please indicate below areas of volunteering at The Living Tree you are interested in:

- |  |   |
|--|---|
| <input type="checkbox"/> Friday Drop-In (refreshments) | <input type="checkbox"/> Secretarial / IT |
| <input type="checkbox"/> Fundraising / Outreach stall  | <input type="checkbox"/> Allotment        |
| <input type="checkbox"/> Meet & Greet                  | <input type="checkbox"/> Ambling          |
| <input type="checkbox"/> Trustee                       | <input type="checkbox"/> Not sure         |
| <input type="checkbox"/> Other _____                   |   |

Please tell us about any work, volunteering, personal experience or skills you have that are relevant to the role(s) that interest you.

Do you have any additional needs that we should be aware of? If yes, please give details.

## Availability

At what times are you interested in volunteering – please tick all that apply:							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any criminal convictions or any pending?      Yes <input type="checkbox"/> No <input type="checkbox"/>
Having a criminal record will not necessarily bar you from volunteering with us, but we may need to delay the start of volunteering should we need to obtain a DBS.

## REFEREES

Please give the names of two people who know you well but are not directly related to and to whom we can write for references.

Name:	Tel No.
Address:	
Email Address:	Relationship:

Name:	Tel No.
Address:	
Email Address:	Relationship:

Signature		Date	
-----------	--	------	--

<i>We would like to be able to send you information about the services we offer and events at The Living Tree. All information provided to us in this application will be in strictest confidence in accordance with current data protection legislation. A copy of our Privacy Policy is available on our website. <a href="http://www.the.livingtree.org.uk">www.the.livingtree.org.uk</a></i>	<i>Please tick here if you are happy for us to stay in touch with you and send appropriate mailings.</i>  GDPR tick box <input type="checkbox"/>
--	--

Are you happy for photographs to be taken at events and used in social media and marketing?      Yes <input type="checkbox"/> No <input type="checkbox"/>
---

Please email this form to [admin@thelivingtree.org.uk](mailto:admin@thelivingtree.org.uk)

Web: [www.thelivingtree.org.uk](http://www.thelivingtree.org.uk)

Email: [mail@thelivingtree.org.uk](mailto:mail@thelivingtree.org.uk)

Tel: 07341 916976

Facebook: <https://www.facebook.com/weempoweryou247/>