

Signed:

VOLUNTEER APPLICATION FORM

Please complete and return to Volunteer Officer, Countryside Education Trust, Palace Lane, Beaulieu, Brockenhurst, SO42 7YG Tel. 01590 612401

E-mail: mail@cet.org.uk www.cet.org.uk

Title (Mr/Mrs/Miss/Ms etc.):	F	ull Name:			
Address:					
Emergency Contact Tel:					
Tel No. (Day):	Т	el. No. (Eve):			
E-Mail: Mo		bbile:			
Date of Birth (if under 18 years of age):					
What interested you in becoming a volunteer at the Countryside Education Trust?					
How did you hear about volunteering at the CET?					
Which area of voluntary work are you interested in?					
Help at Community Events and Open Days		Adult Activities	Adult Activities		
Fundraising		Maintenance	Maintenance		
Practical work on the farm		Practical conse	Practical conservation work		
Gardening		I.T. Skills	I.T. Skills		
		own area or places	Distribution of leaflets and event posters in your own area or places you visit. Please indicate which areas you would be able to cover:		
Other (please specify):					
What times are you available?:	Flexible	Weekdays	Weekends	Evenings	
How often would you be available:					
Skills/Interests Please give brief details of any qualifications, special skills or interests that may have relevance to your application and be of benefit to the Countryside Education Trust:					
Referee: Give the name and address (preferably email) of a suitable referee. Previous employer/tutor if possible.					
Medical Information: Do you have a medical condition we need to be aware of? Please give details:					
When submitting electronically, by typing or signing your legal name you are certifying that all information provided is correct and complete and that you are the person completing this form.					

Any volunteer placements where volunteers have unsupervised access to children or vulnerable adults will be subject to a satisfactory DBS disclosure (police check).

Date: