



# Volunteer Application Form

**Please first download this form before editing fields.  
Data entered within an internet browser may not be saved!**

The information that you provide below is treated as confidential by 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):

Year of Birth:

*Lindengate will not pass on your details to a third party, but may use them to keep you up-to-date with our latest news. If you **do not** wish to receive such information, please tick this box:*

**Please briefly explain why you are interested in 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
Monday		
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)	

**Are you able/willing to attend occasional training sessions held outside your usual volunteer session?**

YES                       NO

**Do you have any special requirements, medical conditions or allergies of which we should be aware?  
If yes, please provide details:**

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**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.)**

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**Have you, or any members of your immediate family, or partner served or are serving in the Armed Forces?**

YES                       NO

**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**

<b>Signed</b>		<b>Date</b>	
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**Please return your completed form by email to: [volunteer@lindengate.org.uk](mailto:volunteer@lindengate.org.uk)**

**Or by post to:        The Volunteer Co-ordinator  
Lindengate  
World's End Garden Centre (Dobbies)  
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.**