



Volunteer Application Form

Welcome to The Birmingham Botanical Gardens and Glasshouses.

We hope that you will enjoy assisting us. In order to help with our records, we would appreciate it if you could complete the following form and return it to us.

Contact details:

Surname:	First name:	Title (if used)
Address:	Daytime telephone number:	Other contact number (eg mobile):
	E mail:	

Emergency contact (someone who we can contact on the day you are here if necessary):

Surname:	First name:
Address:	Daytime telephone No:

Please indicate which of the following days and times would suit you.

	morning	afternoon
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>

Which vacancy are you applying for?*

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*Education Volunteers should complete an Education Volunteer Application Form

Any information you provide about yourself on this form will be treated as confidential

Occupation

Please give your current and past occupations and interests – either on a separate piece of paper or enclose a CV.

Reason for your application

Please write a paragraph about your application. For example: why are you applying to the Gardens? What do you think they could offer you? What could you offer? What would you expect to get out of the experience? How much time could you offer and how long would you see yourself staying?

References

Please give the names and addresses of two referees. Ideally one person should be connected with your past work, and the second can be a character reference.

Name: Address: Tel no: Relationship to you:
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Name: Address: Tel no: Relationship to you:
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Declaration

The facts contained in this application form and the supporting information are, to the best of my knowledge, true and complete.

Signed: Date: / /

Please return this form to the relevant Departmental Manager at the following address:

The Birmingham Botanical Gardens & Glasshouses, Westbourne Road, Edgbaston, Birmingham B15 3TR.

PLEASE MARK THE ENVELOPE ‘PRIVATE AND CONFIDENTIAL’

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