

Volunteer Expression of Interest

Horticultural Volunteer

Please let us know if you require this form in an alternative format. Forms will be retained for those who go on to volunteer at the Botanic Garden. The information given will be held in strict confidence in compliance with data protection legislation. The information given may be used for statistical purposes.

Please complete this form and return it to Administration, Cambridge University
Botanic Garden, 1 Brookside, Cambridge CB2 1JE

PERSONAL DETAILS

Forename(s)	Surname	Title
Current Address:	Daytime telephone:	
	Mobile:	
	E-mail address:	
Post code:	Do you have UK right of residency? Yes <input type="checkbox"/> No <input type="checkbox"/>	

VOLUNTEER PREFERENCES

Activities

Please read the Further Particulars for full details of our requirements then indicate the Horticultural Sections with which you would like to be involved. You will always be given support in undertaking these activities and if appropriate, you may be given training. You will not be asked to do any work that you feel unable to do. **Please note:** applicants should have basic horticultural skills, an interest in, and understanding of, horticulture.

Please tick which Section you are interested in assisting:

Garden Landscapes ☐

Glasshouses and Nursery ☐

Horticultural Displays ☐

ADDITIONAL INFORMATION

Please tell us why you would like to volunteer at the Botanic Garden.

Please tell us about your areas of interest and experience in relation to the *Further Particulars* and any relevant qualifications.

AVAILABILITY

Please tell us about your general availability **Monday-Friday**. (Please state in order of preference and whether full day or half day). You are expected to make a regular, ongoing commitment.

REFEREES

Please give contact details of two people (other than relatives or partners) who have known you for more than two years who we can contact to comment on your suitability to volunteer for us.

Referee 1 Name		Referee 2 Name	
Relationship to you		Relationship to you	
Address		Address	
	Postcode:		Postcode:
Email address		Email address	
Telephone		Telephone	

EMERGENCY CONTACT / NEXT OF KIN

Name:	Daytime telephone:
Relationship to you:	
Address:	
	Mobile:

APPLICANT DECLARATION & DATA CONSENT

- I confirm that the information I have given in this application form for volunteer work and any supporting documents is correct and complete
- I understand that the University of Cambridge will carry out a verification process and will check all or any of the information provided on the application form, given in references and presented as proof of identity
- I agree for release of information under the provisions of the Data Protection Act 1998
- I agree to the Conditions of the Botanic Garden Volunteer agreement, sample attached

Signature

Date