

Volunteer Expression of Interest Form

Thank you for your interest in volunteering with the Cambridge University Botanic Garden. Please complete this form and return it to Administration, Cambridge University Botanic Garden, 1 Brookside, Cambridge CB2 1JE

In line with the University's policy, provided you are volunteering **for less than 30 days in a six month period, we will not require you to evidence your right to work**

Your contact details

Title	Mr / Mrs / Ms / Miss / Dr / Other:
Given name(s)	
Family name	
Current address	
Post code	
Primary telephone	
Secondary telephone	
E-mail address	
Immigration status (Please ignore this section if you are volunteering for less than 30 days in a 6 month period)	<p>Are you a settled worker (i.e. do you have the permanent right to work/volunteer in the UK – for example as a British or EEA citizen)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, do you already have temporary permission to volunteer in the UK?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please specify your visa type and visa end date:</p>

VOLUNTEER FOR LEARNING DEPARTMENT

About you

Please provide a brief outline or any particular skills, interests or experience that you would like to bring to your volunteer role as well as the type of volunteer activity you wish to perform:

Cont...

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How did you hear about volunteering with us?

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DBS Check

Volunteers applying for roles that involve working closely with children or vulnerable adults on a frequent or intensive basis will be asked to for a DBS check. We will cover any administrative costs involved. If required for your role, would you be prepared to have an Enhanced CRB check? Yes ☐ No ☐

Special Requirements

If you require any special arrangements to be made to attend an initial induction meeting or if you have any medical conditions you’d like us to take into consideration, please specify those below. This information is requested so that we may care for your needs and will be kept confidential.

Emergency Contact Details

Please give details of your next of kin to contact in case of emergency.

Name	
Address	
	Postcode:
Email address	
Daytime tel number	

Referees

Please give contact details of two people (other than relatives or partners) who have known you for more than 2 years who we can contact to comment on your suitability to volunteer for us.

Referee 1		Referee 2	
Name		Name	
Relationship to you		Relationship to you	
Email address		Email address	
Telephone		Telephone	

Your details will be kept in accordance with the EU [General Data Protection Regulation](#) (GDPR), coupled with the UK Data Protection Act 1998/2003. They will be held securely and confidentially and accessed only by authorised management. The information given may be used for statistical purposes.

I declare the information I have provided is true and I am over 18 years old:

Signed **Date**

How the University of Cambridge Museums uses your personal information

The University of Cambridge Museums uses your personal information to contact you about volunteer roles or projects that you have applied for and other related activities.

We use your personal information in order to deliver our contractual obligations to you as a user of our service. More information about our work can be found on our website <https://www.museums.cam.ac.uk/>

For more information about how we handle your personal information, and your rights under data protection legislation, please see <https://www.information-compliance.admin.cam.ac.uk/data-protection/general-data>