

## **CORPORATE VOLUNTEER APPLICATION FORM**

## **PERSONAL DETAILS**

Title (Dr, Mr, Mrs, Ms etc)	
Surname	
First name	
Name of the business	
Address	
(including postcode)	
Work telephone number	
Mobile telephone number	
Work email address	
Date of application	
Please tell us how you heard about The Suffolk Punch Trust.	
Please tick the area/s your business would be interested in volunteering in.	
Visitor centre [Reception/shop]	
Tour guide [Walking tours and Tractor-Trailer rides]	
Heritage garden [Garden maintenance/weeding/plant propagation]	
Working with animals on the Stud farm	
DIY & maintenance [Visitor Centre and Stud Farm]	



Please tell us the numbers of people that will be volunteering.
Please tell us the date/s and times that you will be volunteering.
REASONABLE ADJUSTMENTS
If you have anyone with a disability, please let us know of any reasonable adjustments that we can make to support them.
DECLARATION
I confirm that the information given by me on this application form is true to the best of my knowledge and belief and I understand that if such information was found to be materially incorrect at any time in future, The Suffolk Punch Trust would be entitled to terminate the volunteering with immediate effect.
Signed: Date:
Please return your completed form by email to info@suffolkpunchtrust.org or to The Suffolk Punch Trust, St David's Lane, Hollesley, Woodbridge IP12 3JR.