

## **VOLUNTEER APPLICATION FORM**

### **PERSONAL DETAILS**

<b>Title (Dr, Mr, Mrs, Ms etc)</b>	
<b>Surname</b>	
<b>First name</b>	
<b>Address (including postcode)</b>	
<b>Home telephone number</b>	
<b>Mobile telephone number</b>	
<b>Email address</b>	
<b>Date of application</b>	

**Please tell us how you heard about The Suffolk Punch Trust**

**Please tick the area/s you 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]

## RELEVANT SKILLS AND EXPERIENCE

Please use the space below to explain why you are applying for the role and how your educational background, experience (paid or unpaid), hobbies, personal qualities and skills help to make you a suitable candidate.

## DRIVING LICENSE

**Please circle the appropriate answer. (For posts that may require driving)**

Do you hold a full, current, clean driving license? YES/NO

## WORKING WITH CHILDREN AND VULNERABLE ADULTS

Please note that all employees of, and volunteers for The Suffolk Punch Trust, are required to undergo a Disclosure and Barring Service [DBS] check, prior to commencement of joining.

## REASONABLE ADJUSTMENTS

**If you have a disability, please let us know of any reasonable adjustments that we can make to support you through the volunteer recruitment process.**

## REFERENCES

Please give details of two referees. These should be people who have known you for at least 5 years and preferable in a work or volunteering capacity.

We do not accept references from family members.

Please supply email addresses for referees if possible. We will not contact either of your referees without your prior permission.

Referee 1	Referee 2
Name:	Name:
Address (inc postcode):	Address (inc postcode):
Email address:	Email address:
Contact phone number:	Contact phone number:

## 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 my voluntary position with immediate effect.

Signed: ..... Date: .....

Please return your completed form by email to [info@suffolkpunchtrust.org](mailto:info@suffolkpunchtrust.org) or to **The Suffolk Punch Trust, St David's Lane, Hollesley, Woodbridge IP12 3JR.**