Corporate Volunteer Registration Form

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| Named contact:  |  |
| Title: Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]   | Other [ ]  If other please specify       |
| First name: | Surname:  |
| Job title:  |  |
| Email:  |  |
| Contact address:  |  |
| Postcode:  |
| Phone number:  |
| Preferred form of contact:  |
| How did you hear about us?  |

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| Availability  |  |
| When would you like to volunteer? A choice of dates allows us to fit you in around other commitments, but we can usually accommodate groups on a specific date/s:  |
| About your group |  |
| Approximately how many people will be in your group?  |
| Total cost of volunteering, @ £30 per head: **£……***We will invoice your organisation and require payment in full 14 days prior to your team day. Cancellation policy, if an alternative date isn’t an option, 50% refund with 1 months notice, less than 1 months notice, no refund offered.* |
| Does your group have any particular skills you could bring to the Farm?  |
| What is your group hoping to get out of the volunteering experience, do you have any particular corporate social responsibility requirements you need to fulfil? |
| Does anyone in your group have any special requirements or health considerations that may affect the type of work they are able to do? If so, please complete the health disclaimer at the end of this form |
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Invoice Information: (if different from named contact)

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| --- | --- |
| Title: Mr [ ]  Mrs [ ]  Miss [ ]  Ms [ ]   | Other [ ]  If other please specify       |
| First name: | Surname:  |
| Job title:  |  |
| Email:  |  |
| Contact address:  |  |
| Postcode:  |
| Phone number:  |

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| Disclosure | ***Please note, answering ‘yes’ to these questions will not necessarily be a bar to working with us, but we may need to discuss it with you.*** |
| *As an organisation working with vulnerable adults and children, we need to know if anyone in your group would be disbarred from working here by a DBS check:*Does anyone in your group have any unspent convictions?   |
| [ ]  Y | [ ]   |
| *We are also obliged to ask you about employment history*. In their current or any previous employment, have any members of your group ever been subject to any form of complaint, grievance, disciplinary proceedings, dismissal, or termination of employment? |
| [ ]  Y | [ ]  N |

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| Health Disclaimer |  |
| Please complete the table below in order to help us to assess any additional support required: |
| Do any individuals have a health condition or take any medication that could reasonably affect their ability to safely undertake the volunteering?  **If yes, we will need to complete an Individual Risk Assessment & Health Declaration with them.** | **YES/NO** |
| Do any individuals have a disability for which special arrangements or adjustments are needed? **If yes, we will need to complete an Individual Risk Assessment & Health Declaration with them**. | **YES/NO** |

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| Emergency Contact details:(that will not be volunteering on the day) | Name:Relationship to you: Contact number: |

Important information

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| Due to the nature of our site and our work here we are unable to accommodate members of the party who are under 18 without prior approval from Farm management. Whilst there are Farm dogs on site at times, we are unable to accept visiting dogs. If one of your group uses an assistance dog, please discuss this with Farm management in advance of your visit. As we work with vulnerable people issues of consent are of the utmost importance. If you wish to take photographs, for either personal or professional use, please consult with Farm management prior to or on the day of your volunteering. We welcome the use of photographs to publicise the Farm and the volunteering opportunities that are available here, both internally for your own business use and externally on social media, but we must ensure that no one who is unable or unwilling to give consent has their image unwittingly used. |

Declaration

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| “I declare that, to the best of my knowledge, the information given is correct. I am prepared to assist the management and staff of Elm Tree Farm in any way they require to support our group’s volunteering and undertake to follow all instructions given on the day. I confirm that to the best of my knowledge there are no medical or other reasons that would prevent members of my group from undertaking volunteering.  |

Name…………………………………………..

Signature………………………………………… Date……………………………………

If you have any further questions about volunteering, please do not hesitate to contact us on 0117 958 6260 or email lisa.allen@brandontrust.org or chris.middleton@brandontrust.org