



Great Dixter Charitable Trust VOLUNTEER APPLICATION FORM

If you require any assistance with completing this form, or would like to discuss anything further please contact our Education Officer on 01797 344 042

Mr/Mrs/Ms/Miss/Other:	Family Name:		
First Name(s):		Date of Birth:	
Address:			
Post Code:			
Tel no:		Email:	
Volunteer Role Applied For:			
Please note any medical needs or specific requirements that we should be aware of prior to you volunteering with us.			
Please provide the name and number of an emergency contact.		Name:	
		Number:	
<p>If you are under 18 years of age at the time you wish to commence volunteering, please ask your parent or legal guardian to sign below.</p> <p>I declare that I am the parent/legal guardian of the above named applicant and can confirm that the information they have given is true and complete. I support his/her application to become a Volunteer</p> <p>Signed: _____ Parent/Legal Guardian (please circle)</p> <p>Print: _____ Date: _____</p>			

Please tell us a little bit about why you are interested in this volunteer role:

Please list your skills, hobbies and any experience that you consider an advantage to becoming a volunteer.

I **do / do not** give permission to have my photo/video taken during my time at Great Dixter. I grant full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the charity's aims.

This information is used solely to support your role as a volunteer.

I declare that the information on this form is true and complete.

Signed: _____

Print: _____ **Date:** _____

**Please return the completed form by email to education@greatdixter.co.uk
or by post to: Education Officer, Great Dixter, Northiam, Rye, East Sussex, TN31 6PH**