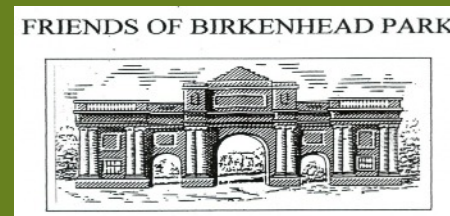




FRIENDS OF BIRKENHEAD PARK

VOLUNTEER APPLICATION FORM

WWW.FRIENDSOFBIRKENHEADPARK.ORG.UK



Please complete both sides of this form and return to: **Friends of Birkenhead Park, Volunteer Applications, Birkenhead Park Visitor Centre, Park Drive, Birkenhead CH41 4HY** If you have any questions please feel to contact us on 0151 653 5697 or e-mail: admin@fbp.org.uk

Title: Ms/Mr/Mrs/Miss/Other	First name:	Surname:
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Address:

Address:	Post code:
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E-mail:	Phone no:	Mobile No:
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Emergency contact name & number:

Uniform information

On completion of 30 (thirty) hours volunteering a uniform will be provided.

For outside work, boots will be provided at first session - Please indicate boot size.....

The volunteer programme is delivered in partnership with staff of Birkenhead Park Telephone number: 0151 652 5197

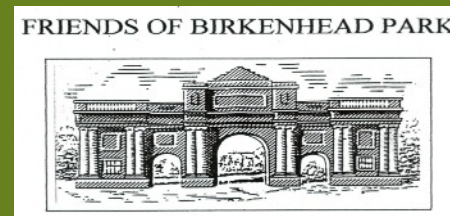




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Please tick ✓ the box to indicate where you would like to work

Park...helping the Rangers.... guiding walkshealth walk leaders	<input type="checkbox"/>
Edward Kemp Garden....gardening tasks...maintenance...planting...landscaping	<input type="checkbox"/>
Grand Entrance...help with admin...finance...office duties...IT...Social media	<input type="checkbox"/>

Please indicate which day, morning or afternoon you are free and willing to help. Every effort will be made to match a job to your preferred choice.	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Morning	Morning	Morning	Morning	Morning	Morning	Morning
	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon

Medical information (In confidence) Please give details of any relevant medical condition (e.g. allergies to insect stings, diabetes)

Do you consider yourself to have a disability? Yes/no

Is your tetanus protection up to date? Yes/no If unsure please check with your doctor

Please signDate.....Print name.....

Visitor Centre use only:

Completed form seen by Ranger staff Date..... Friends of Birkenhead Park Date.....

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