



MARKS HALL ESTATE Volunteer Registration Form

CONFIDENTIAL

PERSONAL INFORMATION

Surname _____

Title Mr/Mrs/Miss/Ms

Fornames _____

Date of Birth _____

Address _____

Telephone No. Day _____

Telephone No. Evening _____

Email _____

Postcode _____

Are you a member of Marks Hall? Y/N

Health: Any restricting factors?

Do you have a current driving licence? Y/N

Do you have use of a car? Y/N

EMPLOYMENT/VOLUNTEERING DETAILS

Are you: In fulltime employment? Retired In further education/school?

<p>Past/ present employment and community experience, including volunteering and participation in any societies or local groups.</p>	
<p>Qualifications/ relevant training courses attended/ Ie First Aid, Hygiene, Health and Safety</p>	
<p>Other Skills or Interests</p>	

AVAILABILITY

Please indicate how much time you can offer Marks Hall (e.g. half day a week / fortnight - Saturday)

What would be your preferred day Preferred time (e.g Morning, Afternoon, All day)

The following list indicates the range of volunteer opportunities throughout Marks Hall Estate. Please indicate which would be of interest to you.

- Gift Shop Tea Room Outside Warden
- Guided Walks/Talks Buggy Driver Gardening

EMERGENCY CONTACT

Please give details of a person we can contact in case of emergency:

Name _____ Telephone numbers _____

Address _____ Day _____

_____ Evening _____

_____ Relationship _____

Postcode _____

We look forward to hearing from you and promise that any information that you have provided about yourself will be treated as confidential. Apart from recording your practical involvement as a volunteer, we may use the data to keep you up to date with Estate news.

Signature _____ Date _____

Please return the completed form to:

Marks Hall Estate
Coggeshall
Colchester
Essex
CO6 1TG