

# Friends of Morecambe Winter Gardens

Enquiries to Winter Gardens Morecambe, 209 Marine Road Central,  
Morecambe, Lancashire, LA4 4BU, Tel. 01524 409009



## Volunteering Application Form

[www.morecambewintergardens.co.uk](http://www.morecambewintergardens.co.uk)  
[friends@morecambewintergardens.co.uk](mailto:friends@morecambewintergardens.co.uk)  
Charity No. 1064127

Title (Mr/Mrs/Miss etc.) ..... Surname.....

Forename(s) .....

Address.....

..... Postcode.....

Telephone ..... Mobile.....

Email..... Date of birth.....

Please tick this box if you would like to receive email communication about future activities from the Friends of Morecambe Winter Gardens, via the email address you have provided.

Yes I Consent

### Emergency Contact Details

Who should we contact in an emergency?

Name.....

Relationship to you.....

Address.....

Telephone..... Mobile.....

### Health

Do you have any health problems or disability of which we should be aware?

Yes  No

If yes, please give details.....

## Employment Status

Please tick the appropriate box. Are you...

In paid employment  Unemployed  Retired  Student

Other (please give details).....

## Your volunteer Role

What role(s) are you interested in?

Front of House  Fund raiser  Cafe  Back of House  Trust Event Support

Cleaner

When are you available to volunteer? Weekdays  Weekends  Evenings

How did you hear about volunteering for Morecambe Winter Gardens?.....

Why do you wish to volunteer?.....

## References

In order to protect the interest of Morecambe Winter Gardens, we need to ask you to provide details of two referees who are not in any way related to you and who have known you for at least two years

Name.....

Name.....

Address.....

Address.....

Postcode.....

Postcode.....

Telephone Number.....

Telephone Number.....

How do you know this person?.....

How do you know this person?.....

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## Personal Declaration

I hereby apply to become a volunteer with Morecambe Winter Gardens. I also agree to abide by all Morecambe Winter Gardens policies and guidelines and understand that I have a responsibility for my own and others 'Health & Safety while volunteering with the charity. If accepted, I will abide by the principles of volunteering outlined in the charity's Volunteering Policy. I agree that Morecambe Winter Gardens may hold and use the data on this form for the purpose of administering and supervising my work with the charity and that such data may be available to those who reasonably need to know the same within the charity.

**Signature** ..... **Date**.....

**Once completed, your application may take up to 28 days to be processed.  
Please ensure all information is correct before posting**

**Please return to**

**Friends Volunteer Coordinator  
Morecambe Winter Gardens  
Morecambe  
Lancs  
LA4 4BU**