

Application Form – Grow Well Volunteering

IMPORTANT – YOU MUST RETAIN THIS SHEET



Volunteer Description

We offer you:

- A chance to be involved in an exciting and rewarding volunteering programme
- Regular and meaningful volunteer gardening sessions
- Training and support based on personal aims
- Information on additional training and further volunteering opportunities
- Fun, seasonal and varied activities throughout the year
- A shared stake in the success of Hammersmith Community Gardens Association
- A grievance procedure should it be required

We ask you to:

- Attend the agreed training sessions of 1 half day/week for 12 weeks to the best of your abilities.
- To adhere to health and safety advice and to work under the supervision of staff
- To do nothing to knowingly endanger either yourself or other people
- To treat other volunteers and staff with respect
- To complete a contact sheet and update this when required
- Volunteers must not be under the influence of any illegal drugs or alcohol whilst attending the training sessions. Please inform us if you are taking any prescribed drugs which may affect your work.
- Volunteers agree to adhere to the Association' equal opportunities policies

Please keep this page for your records and future reference.

Hammersmith Community Gardens Association

Registered Charity 1111999

Company Limited by Guarantee No 5499362

Registered Office 1 Melina Road, London W12 9HY

www.hcga.org.uk ~ info@hcga.org.uk



PART 1 – TO BE COMPLETED BY THE APPLICANT - Private & Confidential

Name.....

Address.....

.....Postcode.....

Telephone work /home.....mobile.....

Email.....

How did you hear about Grow Well?

.....

What aspects of the course are you most interested in? (please circle)

Practical tasks

Gardening

Trips and outings

Wildlife activities

Learn new skills

Meet new people

Cooking activities

Art activities

Other:

Can you commit to 1 half day/week for 12 weeks? YES/NO

If no, please state your reasons why and your likely time commitment:

.....
.....

Do you have any health or other issues which we should be aware of? Are you taking any medication that might affect your work? Please state your reasons for your interest in applying for this course and why you would like to take part.



Monitoring Information - This information will be confidential.

HCGA is a registered charity that receives funding from The Lloyds TSB Foundation for England and Wales and the local authority. We are required to register people's details. It would help us if you would complete the form below. Please note none of the fields are compulsory.

Please circle the options that most apply to you

Gender: Male / Female

DOB:

Ethnicity:

White: British – English	White: Other	Asian: Bangladeshi
White: British – Scottish	Mixed: White and Black Caribbean	Asian: Other
White: British – Welsh	Mixed: White and Black African	Black: Caribbean
White: British – Other	Mixed: White and Asian	Black: African
White: Irish	Mixed: Other	Black: Other
White: Gypsy	Asian: Indian	Chinese
White: Irish Traveller	Asian: Pakistani	Other.....

EET Status: Employee / Self employed / Unemployed / Student / In training / Retired / Permanently sick or disabled / Prefer not to say

If you are long term unemployed, please state for how long

What is your accommodation type: hostel / supported housing / shared / tenancy / private rent / staying with friends / homeless / other

Do you consider yourself to have a disability? Yes / No / Prefer not to say

If so, please give brief details:

.....

Do you have any mental health problems? Yes / No

If so, please give brief details:

.....

Do you have any learning disabilities? Yes / No

If so, please give brief details:

.....

Do you have a problem with drugs or alcohol? Yes / No

If so, please give brief details:

.....

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References – Please complete A OR B

A) Please complete this section if you are self referred

Name and address of referee

Name.....

Address.....

Tel..... Email.....

How is this person known to you?

B) Please complete this section if referred by an agency or group

Name of Contact/key worker.....

Organisation.....

Address.....

Tel..... Email.....

Emergency Contact – someone we can contact should we need to in an emergency

Relationship to you..... Name.....

Address.....

Tel..... Mobile..... e-mail.....

I am happy for my photograph to be taken, and understand that photos may be used to promote HCGA and their projects through printed materials, the press and in electronic media such as the HCGA website (please tick)

I agree to the volunteering course description on page one, I have retained this page for my records and I understand that there will be an initial probationary period of between 1 - 4 weeks.

Signed:

Name:

Date:

For internal use only - on behalf of Hammersmith Community Gardens Association

Signed:

Name:

Date:

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PART 2 – TO BE COMPLETED BY THE REFERRAL AGENCY– Private & Confidential

Name of client you are referring.

Name of agency/organisation.

Address.....

..... Postcode.

Your name. Relationship to client?

Tel no..... Email.....

Name of 2nd contact (in your absence).....

Their relationship to client? Tel no.

Please provide details that are relevant regarding the referral of this client e.g. medical condition, reason for referral, any personal, social or behavioral issues

It is important that we are aware of any issues that may affect your client, their participation and ability to work in our volunteer sessions. Such issues may also have an effect on the other volunteers.



Agency Contact and Agreement

In order for volunteers to gain the maximum benefit from the sessions and for volunteers and staff alike to work in a safe environment, it is important that a link is established and maintained between Hammersmith Community Gardens Association and the agencies and organisations that refer volunteers to us. Therefore we ask that organisations contact us to discuss any issues and update us on any changes in situation. It is also important that the Grow Well coordinator can contact a member of your organisation known to the client should a problem arise.

I agree to advise Hammersmith Community Gardens Association of any relevant changes relating to the person concerned.

Signed:

Name:

Date:

