
**Volunteer Induction Form**

For The Castle Garden

**Your contact details:**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone |  |
| Email Please write clearly! |  |

We will add you to our mailing list. Please tick if you would **not** like to be added

**Please provide us with details of someone we may contact in case of an emergency:**

|  |  |
| --- | --- |
| Name |  |
| Telephone |  |

* What would you like to gain from volunteering with The Castle Garden Project?
* What experience/skills do you have that may be relevant for working with us?
* Are you a castle member and climber? YES/NO
* If not, are you interested in learning to climb and becoming a member?
* Do you have any health needs that we may need to know about? e.g. bee sting allergy, nut allergy...etc
* Have you had a tetanus injection in the last 10 years? YES/NO
* Are there any aspects of working with us that might mean that you require extra support or input?

**Signed......................................................................................Date.....................................**

***I confirm that I have read and understood the Castle Garden Risk Assessment, Health and Safety checklist Equal Opportunities Policy.***

***Please return this completed form to*** ***garden@castle-climbing.co.uk*** ***You will then be sent dates for availability on our inductions, which you can book onto.***

If you have any issues filling out or returning the form, please just let us know and we will accommodate you.