

STOCKPORT ORCHARD MENTOR APPLICATION FORM



STOCKPORT
METROPOLITAN BOROUGH COUNCIL



First Name: _____

Surname: _____

(Preferred pronouns) _____

Address: _____

Home Telephone: _____

Mobile (required): _____

Email (required): _____

Are you a Stockport resident? Y N

Are you currently volunteering in a community orchard? Y N

If so which one? _____

Why do you want to become an orchard mentor? (max 200 words, you may use a separate page)

Do you have any disabilities or access requirements we need to be aware of? Y N

Is there anything else you'd like to know / ask?

I can make the 7th July Kick-Off meeting at 7:30pm. Y N

PLEASE NOTE:

If you miss two or more training events, we will need to review your participation in the mentoring scheme, which may involve you handing back your tools. Matters arising will be discussed between individuals and the project lead, Dan Hasler.

If you cannot attend a training event for any reason alternative venue/locations can be arranged and peer mentoring can be utilised.

GDPR COMPLIANCE:

By providing your details, you consent to us storing your data. We and our partners treat your data in accordance with the latest data protection laws; it will only be used for the above purposes and not passed to any third parties, except for necessary delivery partners and contacts relating to volunteering as an orchard mentor.