**CORPORATE VOLUNTEERING**

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**Beale Park – part of The Child Beale Trust**

**Registered Charity No. 300105**

**Name of organisation: ................................................................................................**

**Date of visit: ............................ Beale Park Department: …………………………….**

**Time of arrival/departure ............................................................................................**

**Contact/Group Leader name ............................................ Contact tel: ...................**

**Email ………………………………………………………………………………………….**

**No of volunteers: ........................................... (list required, with contact details)**

**Do any have mobility/health problems/allergies etc? .............................................**

**If so, please provide details on a separate sheet**

**Date of Risk Assessment visit: .................................................................................**

**(To include clothing requirements for agreed activities etc)**

**Will there be a designated First Aider with the group? Please provide details**

**.......................................................................................................................................**

**Would the group require use of the Beale Centre as a meeting place? ................**

**Is catering required during the day? (There is a restaurant within the Park, during the open season) …………**

**Signed: ................................................. Position: ..................................................**

**Gillie Jackson, Volunteer Co-ordinator, Beale Park, Lower Basildon, Reading, RG8 9NW**

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