



Volunteer Application Form



PERSONAL DETAILS

CONFIDENTIAL

Name _____

Address _____

Postcode _____

Tel no _____ Mobile _____

Email _____

Any restrictions on daytime or email contact? _____

Please note: we are unable to take volunteers under the age of 16 due to insurance.

IF APPLYING FOR A SPECIFIC VOLUNTEERING VACANCY, PLEASE STATE WHICH ROLE AND LOCATION

VOLUNTEER INTEREST – PLEASE TICK THOSE AREAS OF VOLUNTEERING YOU ARE INTERESTED IN

- | | | |
|--|--|--|
| <input type="checkbox"/> Cattery cleaning | <input type="checkbox"/> Supermarket collections | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Small animal cleaning | <input type="checkbox"/> Home visiting | <input type="checkbox"/> Helping at events |
| <input type="checkbox"/> Fostering | <input type="checkbox"/> Administration | <input type="checkbox"/> Charity shop |
| <input type="checkbox"/> Other role (please specify) _____ | | |
| <input type="checkbox"/> Other role (please specify) _____ | | |
| <input type="checkbox"/> Other role (please specify) _____ | | |

AVAILABILITY – AT WHAT TIMES ARE YOU AVAILABLE FOR VOLUNTEERING?

- | | | |
|-----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Sunday | | |

HOW OFTEN WOULD YOU BE ABLE TO OFFER THE ABOVE AVAILABILITY?

PRESENT EMPLOYMENT/VOLUNTEERING EXPERIENCE

PREVIOUS EMPLOYMENT/VOLUNTEERING EXPERIENCE

DETAILS OF OTHER SKILLS OR INTERESTS

REFEREES

(Please supply details of two people, not related to you, who we can contact for a reference.)

Name _____

Name _____

Address _____

Address _____

Postcode _____

Postcode _____

Telephone no _____

Telephone no _____

Email _____

Email _____

Relationship of referee to you _____

Relationship of referee to you _____

The information you have provided on this form will be processed in line with the Data Protection Act 1998. To process your application we may need to disclose the information we receive from you to others.

I agree to the RSPCA processing and retaining the personal information contained on this form and any subsequent information I provide for any purposes connected to my application and my health and safety whilst on the premises.

I agree that my details may be kept on a volunteer database and may be used to keep me up to date with other volunteer opportunities and RSPCA news. If you do not wish to be kept up to date with opportunities and news please tick this box

Signature _____

Date _____

When completed, please return this form to:

RSPCA Little Valley Animal Shelter
Black Hat Lane
Bakers Hill
Exeter
Devon
EX2 9TA
Tel: 01392 439898
Email: info@rspca-littlevalley.org.uk

For RSPCA use only

Date of interview:

Name of interviewer:

Will volunteer undertake a volunteering activity? Yes No

If yes, which activity will volunteer carry out?

If no, detail reason(s) why:

Date of induction (if applicable):