**CONFIDENTIAL VOLUNTEER APPLICATION FORM**

The information you provide on this form will be processed in line with the General Data Protection Regulation (GDPR) 2018. To process your application, we may need to disclose the information we receive from you to others.

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| **Name:** | Click here to enter text. | |
| **Address:** | Click here to enter text. | |
| **Postcode:** | Click here to enter text. | |
| **Email:** | Click here to enter text. | |
| **Mobile No:** | Click here to enter text. | |
| **Tel No:** | Click here to enter text. | |
| **Age / DOB:**  *(for insurance)* | Click here to enter text. | You must be 18 to volunteer at WAW, unless on a pre-arranged work experience or linked to a college course etc. |

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| **Contact no for next of kin or someone we can ring in an emergency:** | Click here to enter text. |
| **Do you drive?** | Yes  No |
| **Do you have a disability?** | Yes  No  If yes, please give details: Click here to enter text.  So we are able to make reasonable changes to our environment to accommodate and to be able to advise you of any limitations of the site. |

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| **Knowledge, skills and abilities you could to bring to our organisation:**  Click here to enter text. | **Volunteer Interest:** *(please tick all that apply)*  Cattery Work  Dog Walking/Care  Small Animal Care (rabbits/guinea pigs)  Fundraising – helping out at events  Fundraising – holding your own events  Gardening / maintenance  Administration  Fostering  Leafletting/Campaigning  Other (please state) Click here to enter text. |
| **Availability: What times are you available for volunteering:**  Flexible  Day  Weekdays  Evenings  Weekends | **How many hours per week would you be able to offer your availability?**  Click here to enter text. |
| **Relevant employment / volunteering experience?**  Click here to enter text. | |
| **Referees:** *(Please provide details of 2 people, not related to you, that you have known for 2 years+ who we may ask for a reference)* | |
| **Name:** Click here to enter text.  **Tel no:** Click here to enter text.  **Relationship of referee to you:** Click here to enter text. | **Name:** Click here to enter text.  **Tel no:** Click here to enter text.  **Relationship of referee to you:** Click here to enter text. |

I Agree to Warrington Animal Welfare processing and retaining the personal information contained on this form for any purposes connected to my application or my health and safety while on the premises.

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| **Signature:** | **Date:** |
| **For WAW use only:**  Date of Interview: Name of interviewer:  Will volunteer undertake a volunteering activity? Y / N If yes, which activity?  Date of induction: If no, why? | |