



Please Return to:
Lincoln Farm
Bere Road
Winterborne Kingston
Blandford Forum
Dorset
DT11 9BP

Volunteer Application Form

Personal Details

Title: Forenames: Surname:

Address:

.....Postcode:

Telephone: Day..... Evening: Mobile:

Email Address:

Please sign me up to your volunteer e-newsletter (once every 2 months)

Please sign me up to the supporter e-newsletter (once a month)

Do you hold a current driving licence? YES/NO Do you have the use of a car? YES/NO

Are you physically fit? YES/NO

Do you have any medical conditions, allergies or disabilities that may affect your work at the Sanctuary? If so please give details:

.....
.....

In an emergency, who should we contact?

Name:

Address:

.....

Telephone (include full dialling code) Relationship to you:

How did you hear about volunteering for Margaret Green Animal Rescue?

- From a friend From a Volunteer Agency
 From a Sanctuary member of staff Online through Facebook or Twitter
 Other (please specify where _____)

Please give details of what interested you in becoming a volunteer at Margaret Green Animal Rescue (please circle all that apply):

- A love of animals:* YES/NO *To work with animals:* YES/NO
To gain work experience: YES/NO *To meet people:* YES/NO
To keep active and fit: YES/NO *You believe in supporting the work of the Sanctuary:* YES/NO
You have previously rehomed an animal from the Sanctuary: YES/NO
Other (please specify):

Are you, or have you been an animal or pet owner? YES/No If YES, please give details:

.....

Please give details of any specific experience with rescue dogs and cats:

.....

What kind of volunteer work would you consider taking on at the Sanctuary (please tick all that apply)?

- Pet food collections Visitor Assistant Leaflet distribution
 Shop work Fundraising Events Catering/baking
 Dog walking Site Maintenance Gardening
 Office work Animal welfare including cat cuddling

If you are able to do so at this stage, please indicate how much time you could commit to the Sanctuary on a voluntary basis (please tick the days and times that would suit you best):

<u>Day</u>	<u>AM</u>	<u>PM</u>
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>

References

Please supply the name and address of two referees and state in what capacity they know you. These should not be close relatives of the applicant.

Name:	Name:
Address:	Address:
.....
Postcode:	Postcode:
Telephone:	Telephone:
Email:	Email:

Rehabilitation of Offenders Act 1974

You must declare any unspent criminal convictions (excluding driving offences) registered against you. If none, please state 'No convictions to declare'.

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Data Protection Notice

We will use your information together with other information for administrative and management purposes only. We may keep your information for a reasonable period in accordance with legal requirements if you cease to do voluntary work for us.

By returning this form, you consent to our processing your sensitive data (such as data relating to your health or criminal convictions) for the above purposes. You have a right to ask for a copy of your information and to correct any inaccuracies.

Your name & signature:

I declare that I have read the Data Protection Notice and all information given in this form is correct to the best of my knowledge.

Print Name:

Signed:

Date: