



Volunteer Application Form

Please note that due to insurance purposes all volunteers must be over 16 years old

Personal details

Name _____

Address _____

Postcode _____

Tel no _____ Mobile no _____

Email _____

DOB (Optional) _____

For insurance purposes, we would like to ask you the following: **Are you under 18?** (tick here) **Are you over 85?** (tick here)

The RSPCA wholeheartedly supports the principle of equal opportunities and opposes all forms of unfair discrimination.

The RSPCA is committed to safeguarding our vulnerable supporters. Please refer to your local branch or animal centre should you wish to obtain information about their Safeguarding Policy.

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

- Stock Processor
- Till Operative
- Stock Replenisher
- Visual Merchandiser
- Driver's Mate
- Administration
- Specialist Interest (please specify)
- Helping at events
- Fundraising
- Website/promotional
- Supermarket collections
- Other role (please specify)

Availability – At what times are you available for volunteering?

- Flexible
- Mornings
- Weekends
- Weekdays
- Afternoons

Please describe any skills or experience you have that would help you in the volunteering role/s you are interested in. (Please add additional pages if you would like to)

How often would you like to volunteer?

Present employment/volunteering experience?

Previous employment/volunteering experience?

Details of other skills and Interests

Are you aware of any medical condition(s) which may affect your ability to undertake the volunteering activities you have indicated on the form?

Referees

Please supply details of two people we can contact for a confidential reference. Please ensure that you have asked your referees' permission to provide their contact details and for us to contact them.

Name _____

Name _____

Address _____

Address _____

Postcode _____

Postcode _____

Telephone no _____

Telephone no _____

Email _____

Email _____

Relationship of referee to you _____

Relationship of referee to you _____

VOLUNTEER SIGNATURE

I confirm that the information I have provided on this form is true and complete. I understand that any false information may result in the withdrawal of any offer of a voluntary role. I understand that I may be asked to produce evidence of identification, address and status in the UK when applicable.

Signature _____

Date _____

Thank you for taking the time to complete this form

RSPCA Bury, Oldham & District Branch, The Strinesdale Centre, Holgate Street, Oldham, OL4 2JW
Tel: 0161 624 4725 www.rspca-buryoldham.org.uk