



Volunteer application form



BRANCH/CENTRE
and Registered
Charity Number:

RSPCA WEST DORSET BRANCH / TAYLORS REHOMING CENTRE

PERSONAL DETAILS

CONTAINS PERSONAL DATA

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.

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

TAYLORS REHOMING CENTRE Cleaning out cats/rabbits/rodents Cuddling/handling cats/rabbits/rodents

Gardening/grounds maintenance Home Visiting

CHARITY SHOPS DORCHESTER SHOP BRIDPORT SHOP

AXMINSTER SHOP SHERBORNE SHOP

OTHER Fundraising Trustee / Admin role

AVAILABILITY – AT WHAT TIMES ARE YOU AVAILABLE FOR VOLUNTEERING?

Monday AM Tuesday AM Wednesday AM

Monday PM Tuesday PM Wednesday PM

Thursday AM Friday AM Saturday AM

Thursday PM Friday PM Saturday PM

(TAYLORS ONLY - SUNDAYS) Sunday AM Sunday PM

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)

ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO TELL US

IN THE EVENT OF AN EMERGENCY PLEASE CONTACT (optional – we will keep these details securely and only use in the case of illness or injury whilst you are volunteering with us)

Name _____

Address _____

Postcode _____

Tel no(s) _____ Email _____

HOW WE USE YOUR INFORMATION

RSPCA WEST DORSET BRANCH uses the personal data (as defined by the Data Protection Act 1998) you give us for the purpose of achieving its animal welfare objectives. This might involve specifically:

- keeping administrative records
- consideration of your application to volunteer

You don't have to give us your telephone number or email address for these purposes but if you do, we will only use them for contacting you in relation to your volunteering.

Should you wish to find out more about how we use your personal data please email mail@westdorsetrspca.org or write to us at the address below.

VOLUNTEER DECLARATIONS

ELIGIBILITY TO VOLUNTEER IN THE UK

By completing this form I confirm that I am eligible to volunteer in the UK and understand that I am applying for a non remunerated, voluntary role. If you are from outside the EU or European Economic Area we advise you refer to the UK Border Agency website for information about your eligibility to volunteer in the UK. www.ukba.homeoffice.gov.uk

PARENTAL CONSENT (IF APPLICABLE)

Please note: opportunities for anyone under 16 years of age are limited and some restrictions apply in relation to opportunities for under 18's.

I confirm I am the parent/guardian of the person mentioned above and I consent to them volunteering with the RSPCA.

Parent or guardian signature if under 18:

Signature of parent/guardian _____

Name (BLOCK CAPITALS) _____

Contact telephone number _____

We will only use your telephone number for the purpose of processing this application. It will not be used for marketing purposes or shared with any third party.

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 _____

For office use only - REFERENCE 1 REFERENCE 2 ID MEDICAL FORM

ADDITIONAL INFORMATION PAGE

This page will be held for the purpose of processing your application and will then be destroyed securely.

REHABILITATION OF OFFENDERS ACT 1974

Have you been convicted of any offence which is not considered 'spent' under the Rehabilitation of Offenders Act 1974?

No Yes

If you have ticked yes we will ask you to complete a declaration form which we will send to you separately. This will not necessarily preclude you from volunteering with the RSPCA.

REFEREES

Please supply details of two people we can contact for a confidential reference. If possible, one of these should be a professional referee such as a current or previous employer or a school teacher.

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 _____

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM