

Volunteer application form

Personal details

Name:

Address:

Postcode:

Tel no (day):

Tel no (evening):

Mobile no:

email:

Any restrictions on daytime or email contact?

Age (if under 18 yrs or over 75 years due to insurance purposes):

If applying for a specific volunteering vacancy, please state which role & location:

Volunteer interest – please tick those areas of volunteering you are interested in:

Homevisiting

Campaigning

Charity shop

Fundraising

Administration

Wildlife

Helping at events

Internet/pc work

Dog walking

Van driving

Utility helper

Cat socialising

Microchipping events

Baking for events

Animal grooming

Store collections

Street collections

Fostering

Kennel/cattery work

Other (please specify)

Availability – at what times are you available for volunteering?

Flexible

Daytime

Weekends

Weekdays

Evenings

How often would you be able to offer the above availability?

Present employment/volunteering experience

Confidential

Guernsey Society for the Prevention of Cruelty to Animals

Previous employment/volunteering experience

Details of other skills or 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 provide details of two people, not related to you, who we may ask for a reference)

Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Postcode: _____	Postcode: _____
Telephone no: _____	Telephone no: _____
Relationship of referee to you: _____	Relationship of referee to you: _____

We look forward to receiving your application and will ensure that any information that you have provided about yourself will be treated as confidential. Your details may be kept on a volunteer database and we may use the data to keep you up-to-date with other volunteer opportunities and GSPCA news. The GSPCA may also use your name in future to advise you of other interests which could be of benefit to animal welfare. Should you prefer not to receive these separate mailings, please tick this box.

Signature: _____

Date: _____

<p>When completed, please return this form to:</p> <p>GSPCA Les Fiers Moutons St Andrews Guernsey GY6 8UD</p>	<p>For GSPCA use only:</p> <p>Date of interview: _____</p> <p>Name of interviewer: _____</p> <p>Will volunteer undertake a volunteering activity? Yes/No</p> <p>If yes, which activity will volunteer carry out?</p> <p>If no, detail reason(s) why: _____</p> <p>Date of induction (if applicable): _____</p>
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