

Doctor Pet Volunteer Application Form

» Tell us who you are and how to get in touch with you

| | | |
|-----------------------------------|----------------------|-----------------------------|
| Full name | <input type="text"/> | |
| Address (including Postcode) | <input type="text"/> | |
| Telephone (Including STD Code) | <input type="text"/> | Mobile <input type="text"/> |
| Email address | <input type="text"/> | |

» Use this section to tell us about your skills and interests

| | | | | | | | | |
|---|--|---|---|--|--|--|--|--|
| Your availability (Please tick as appropriate) | Mon am <input type="checkbox"/> pm <input type="checkbox"/> | Tues am <input type="checkbox"/> pm <input type="checkbox"/> | Weds am <input type="checkbox"/> pm <input type="checkbox"/> | Thurs am <input type="checkbox"/> pm <input type="checkbox"/> | Fri am <input type="checkbox"/> pm <input type="checkbox"/> | Sat am <input type="checkbox"/> pm <input type="checkbox"/> | Sun am <input type="checkbox"/> pm <input type="checkbox"/> | Totally flexible <input type="checkbox"/> |
|---|--|---|---|--|--|--|--|--|

Tell us about any volunteering experience or any previous employment you have?

Are you applying for a specific vacancy or do you have specialist skills, interests or hobbies that you would like to use when volunteering for Doctor Pet?

Are there any particular skills you would like to develop by volunteering with Doctor Pet?

» Equal Opportunities

A) Doctor Pet welcomes volunteer applicants with all range of abilities for the skills they bring. We aim to create a positive environment that enables all volunteers to realise their full potential. So we can consider any appropriate adjustments to the volunteer environment and better support you in your role, please give details below of any disabilities or health issues (e.g. bad

B) Under the Rehabilitation of Offenders Act 1974, do you have any criminal convictions?
Yes No

If you have ticked yes, summarise details below. Having a conviction will not necessarily stop you from volunteering, but will need to be taken into consideration when assessing your suitability.

C) What age group do you fall into?

For insurance purposes you must be at least 12 years of age to volunteer:

12 -15yrs 16 -17yrs 18yrs and over

» Who can we contact as referees?

This can be your previous employer, tutor or your school teacher. If you're under 16, second referee has to be your parent/carer giving permission for you to be a volunteer.

| | | | |
|---------------------|----------------------|---------------------|----------------------|
| 1) Name | <input type="text"/> | 2) Name | <input type="text"/> |
| Surname | <input type="text"/> | Surname | <input type="text"/> |
| Address | <input type="text"/> | Address | <input type="text"/> |
| | <input type="text"/> | | <input type="text"/> |
| | <input type="text"/> | | <input type="text"/> |
| Postcode | <input type="text"/> | Postcode | <input type="text"/> |
| Tel No. | <input type="text"/> | Tel No. | <input type="text"/> |
| Email address | <input type="text"/> | Email address | <input type="text"/> |
| Relationship to you | <input type="text"/> | Relationship to you | <input type="text"/> |

» Parental/Carer's permission given (for under 16's):

Parent's/Carer's Signature

» Who can we contact in case of emergency?

| | | | |
|---------------------|----------------------|---------|----------------------|
| Name | <input type="text"/> | | |
| Mobile No. | <input type="text"/> | Tel No. | <input type="text"/> |
| Relationship to you | <input type="text"/> | | |

I declare the information I have provided is true.

Signed Date

Your details will be kept in accordance with the Data Protection Act 1998/2003 securely and confidentially. They will be accessed by authorised management only.