|  |  |
| --- | --- |
| Logo  Description automatically generated | **Volunteer Application Form** |
| **About you** |
| ***Name*** |  | **Preferred Pronoun** |  | ***Date of Birth*** |  |
| ***Address*** |  | ***Landline*** |  |
| ***Mobile*** |  |
| ***Email*** |  |
| **Emergency contacts** |
| ***Full Name*** |  | **Relationship** |  | ***Number*** |  |
| **Do you have any conditions that may affect your volunteering which we need to be aware of*?*** **e.g. allergies, illness, autism, learning difficulties, diabetes**  |
| **Yes/No**  | ***If yes, please provide details*** |  |
|  |
| **Do you have any phobias? (e.g. birds or worms)?** |
| **Yes/No**  | ***If yes, please provide details*** |  |
| **What areas would you like to volunteer for? Feel free to tick more than one box!** |
| ***Animal care at the centre*** |  | ***Animal transport*** |  |
| ***Maintenance i.e. gardening, woodwork*** |  |
|  ***Please indicate which day(s) and times you could be available (e.g a normal shift is 9am to 1pm)*** |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
|  |  |  |  |  |  |  |
| **Why do you want to volunteer for The New Arc? Do you have any experience of working with animals? What skills do you have that would benefit The New Arc?** |
|  |
| **Do you have any unspent criminal convictions?** |
| **Yes/No**  | ***If yes, please provide details in an email to contact@thenewarc.org*** |

**As a volunteer you agree to**

* **Ensure your tetanus vaccination is up to date.**
* **Ensure that your physical and mental health is such that you can safely carry out volunteer duties (please consult with your GP if you are unsure)**
* **Follow the procedures outlined in your training to ensure the welfare of animals in our care**
* **Follow health and safety instructions when working at the hospital**
* **Volunteer for a regular 3-4 hour shift at the centre**

**Volunteer’s signature:**