|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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:**