



Volunteer Application Form

Registered Charity No. 1149884

Contact Information

Name			
Address			
		Post Code	
Telephone No.	Home / Work / Mobile		
Alternative Telephone No.	Home / Work / Mobile		
E-Mail Address			

Availability

Is there a particular time when you would be available for regular voluntary work (for example, every Wednesday morning)?

Would you be happy for **wadars** to contact you from time to time when we have a one-off job to do?

Do you have your own transport?

Interests

Please tell us in which areas you are interested in volunteering:

- | | | |
|---|--|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Newsletter production | <input type="checkbox"/> Animal Fostering |
| <input type="checkbox"/> Events | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Donation Collecting | <input type="checkbox"/> Deliveries | <input type="checkbox"/> DIY |
| <input type="checkbox"/> Manning the wadars stall at a fundraising event | | |

Please Note: **wadars** does not currently have a rehoming centre and our animals are either fostered out or boarding at kennels. As such we have no opportunities involving direct contact with animals.

Special Skills or Qualifications

Please summarise any special skills and qualifications you have acquired from employment, previous voluntary work, or through other activities, including hobbies or sports which may be relevant to your volunteering.

Previous Volunteer Experience

Please summarise any previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Telephone No.	Home / Work / Mobile
Alternative Telephone No.	Home / Work / Mobile
E-Mail Address	

Our Policy

It is the policy of this organisation to provide equal opportunities without regard to race, colour, religion, national origin, gender, sexual preference, age, or disability.

Do you consider yourself to have a disability?
If so, what form does this take?

Are there any particular provisions we would need to make to enable you to carry out the work you would like to do for us?

Declaration

I confirm that the information I have given on this form is true and complete.

I understand that if my duties involve substantial contact with children, vulnerable adults, or money handling, further background checks may be required.

Name (printed)	
Signature	
Date	

Please return this form to Volunteers, WADARS, Hangleton Lane, Ferring, Worthing, West Sussex BN12 6PP or by email to enquiries@wadars.co.uk
Thank you for your interest in volunteering with us. A member of the **wadars team will contact you shortly.**