**Logo, company name

Description automatically generatedWadars Rabbit Volunteer Application Form**

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| **Your contact details** | |
| Name |  |
| Address |  |
|  |  |
| Post code |  |
| Contact number |  |
| Email |  |

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| **Availability** – *please indicate which shifts you are able to commit to* | | | | | | |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| Morning | Morning | Morning | Morning | Morning | Morning | Morning |

|  |  |  |
| --- | --- | --- |
| **How did you hear about Wadars?** It is helpful for future recruitment to know how you heard | | |
| Volunteer Centre | Our website | Our leaflet |
| Social media | Another website | Word of mouth |
| Friend or family | Newspaper/radio | Other (please state) |

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| **Why are you applying to volunteer for Wadars?** |
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| **Previous experience** |
| *Please summarise below any previous volunteering or work experience or qualifications/training that is relevant to the role that you are applying for with Wadars* |
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| **References** – *reference checks are a standard part of our volunteer selection process. Please provide the names and contact details of two people who are* ***not*** *family members and who are willing to act as referees for your chosen voluntary position.* |

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| --- | --- | --- | --- |
| **Referee one** |  | **Referee two** |  |
| Name |  | Name |  |
| Capacity known to you |  | Capacity known to you |  |
| Address |  | Address |  |
| Telephone |  | Telephone |  |
| Email |  | Email |  |

|  |  |
| --- | --- |
| **Person to notify in case of emergency** *– please provide the details of someone we can contact in case of an emergency* | |
| First name |  |
| Surname |  |
| Home phone number |  |
| Work phone |  |
| Mobile phone |  |
| Relationship to you |  |
| Lives at same address as you? |  |

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| **Access requirements/health conditions** |
| *Do you have any specific health conditions/access requirements or support needs that may affect your volunteering at Wadars or that our staff should be aware of? If yes, please list the details below:* |
| *Please be aware that disclosures are strictly confidential. Where a health disclosure is made, we will endeavour to ensure that reasonable adjustments can be made to enable you to volunteer for us.* |

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| **Criminal offences** |
| *If you have any previous criminal convictions, please summarise them below. Having a criminal record will not necessarily prevent you from volunteering with Wadars - this will depend upon the nature of the position and circumstances and background of your offence(s).* |
|  |

*The information that you provide in this form will be used to process your application to volunteer at Wadars. It will be stored electronically and in hard copy and will only be used for the legitimate interests of Wadars and we will never share your details with other organisations to use for their own purposes.*

*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.*

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| **Staying in touch** | | | |
| Our Volunteer Coordinator will contact you regarding your application to volunteer for Wadars.  We value our volunteers and that’s why we would like to keep you updated with occasional news about our work. Please tick the relevant boxes below if you would be happy to receive any of the following: | | | |
| General communications for volunteers |  | Details of fundraising events and activities |  |
| Wadars newsletter (four times a year) |  |  |  |
| Please also indicate whether you would prefer to receive the above by post or email: | | | |

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| Declaration – please tick boxes to confirm agreement with the points listed below | |
| |  |  | | --- | --- | | I understand that it is recommended that I have an up-to-date Tetanus Vaccination if I am working directly with animals at Wadars |  | | I understand that Wadars will hold my information for administration and management purposes in accordance with data protection legislation |  | | I understand that if I am successful in my application to volunteer at Wadars, that my information may be disclosed to Wadars employees for volunteer coordination and health & safety purposes |  | | I confirm that I understand I will be required to attend an informal interview for this role and if I am successful, will receive induction |  |   **I confirm that the information I have given on this form is true and complete and that failure to disclose information that may affect my volunteer role with Wadars may result in the offer of a voluntary role being withdrawn.** | |
|  | |
| Name (printed) |  |
| Signature |  |
| Date |  |
| **Please note that we are currently unable to accept applications for work experience placements, and all applicants must be at least 18 years of age in order to volunteer for Wadars.**  *Thank you for taking the time to complete this application form and for expressing an interest in volunteering for Wadars.*  **Please return this form to Volunteer Coordinator, Wadars, Hangleton Lane, Ferring, Worthing, West Sussex BN12 6PP or by email to** [**enquiries@wadars.co.uk**](mailto:enquiries@wadars.co.uk) | |