The volunteer role you are applying for

|  |  |
| --- | --- |
| What role are you applying for? |  |

Your personal details

|  |  |  |  |
| --- | --- | --- | --- |
| Title |  | First Name |  |
|  |  |
| Known as name |  | Surname |  |
|  |  |
| Email address |  |
|  |  |
| Home address |  |
|  |  |
| Post code |  |  |  |  |  |
|  |  |
| Telephone (day) |  |
|  |  |
| Mobile |  |
|  |  |
| Date of birth |  | We only use this information to confirm that you are over the age of 18 |

|  |
| --- |
|  |

Your availability

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Frequency |  |

More about you *Please provide as much information as possible as this section will be used to assess your suitability for the role you are applying for. Feel free to use an additional A4 sheet if you require more space*

|  |  |  |
| --- | --- | --- |
| Why do you want to volunteer with Halfway Home? |  |  |
| Do you have any skills or experience that may be particularly helpful to Halfway Home? |  |  |
| What experience do you have of caring for or handling dogs? |  |  |

Your Health

It is important for you to tell us about any health conditions or additional support needs you may have so we can support you appropriately in your role. (Please be aware that due to the physical nature of some of our roles and the accessibility of some of our kennels we may find it difficult to accommodate individual needs).

Do you have any health conditions or support needs that may affect your volunteering or that our staff should be aware of? If yes, please list the details below:

\*Please be aware disclosures are strictly confidential.

Rehabilitation of offenders act 1974

Do you have unspent criminal convictions registered against you? Yes [x]  No [x]

If yes, this may not prevent you from volunteering with us, but please provide details of any conviction, along with your application form in a sealed envelope and bring to your induction.

Reference

Please provide details of a referee and ensure you have their permission for Halfway Home to contact them. Referees should include a previous employer, college/school tutor, a previous volunteer manager or someone who holds a position of responsibility in the community. We cannot accept family members, partners or people you live with as referees.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | First Name |  | Surname |  |
| Address |  |
| Telephone  |  |
| Email address |  |
| Relationship to you |  |

In case of emergency

Please supply the details of someone who we can contact an emergency.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | First Name |  | Surname |  |
| Address |  |
| Telephone  |  |
| Email address |  |
| Relationship to you |  |

 How did you find out about volunteering with Halfway Home?

|  |  |  |
| --- | --- | --- |
| HWH volunteer [x]  | HWH website [x]  |  |
| [x]  | [x]  |  |
| [x]   |  |  |
| [x]  |  |  |
|  |
| Other (Please specify): |  |

Declaration

|  |  |
| --- | --- |
| I understand that it is recommended that I have an up-to-date Tetanus Vaccination before I volunteer with Halfway Home. | [x]  |
| I understand that will maintain my information for administration and management purposes in accordance with the Data Protection legislation.  | [x]  |
| I understand that if I am successful in my application my information may be disclosed to Halfway Home volunteers who are responsible for volunteer coordination, health & safety representatives, and Emergency Services personnel if necessary. | [x]  |
| I confirm that I understand that I will be asked to attend an informal interview for this role and an induction. | [x]  |
|  |  |

**I confirm that I have completed this volunteer application with wholly accurate information at the time of submission and understand that failure to disclose information that may affect my volunteer role with Halfway Home, may result in the offer of a voluntary role being withdrawn**.

|  |  |
| --- | --- |
| Signed |  |

|  |  |
| --- | --- |
| Date |  |

When submitting this form electronically please type your name in place of a written signature, we will ask you to sign a printed copy if you are successful.

Our Promise to you

For over 10 years, we’ve promised to never put down a healthy dog. We keep our promises, and that includes treating your personal details with care.

In order to communicate with you more effectively, better understand your preferences and ability to support our work, we may analyse your data.

For more information on this visit our privacy section on the website.

If you are happy to hear from us by email and/or phone, please indicate below:

[x]  I’d like to receive emails

[x]  I’d like to receive phone calls