



Volunteer application form



BRANCH/CENTRE
and Registered
Charity Number:

RSPCA Nottingham and Notts Branch ~ Registered Charity 255763

PERSONAL DETAILS

CONTAINS PERSONAL DATA

Name _____

Address _____

Postcode _____

Tel no _____ Mobile no _____

Email _____

DOB (Optional) _____

For insurance purposes we would like to ask you the following: **Are you under 18?** (tick here) **Are you over 85?** (tick here)

The RSPCA wholeheartedly supports the principle of equal opportunities and opposes all forms of unfair discrimination.

The RSPCA is committed to safeguarding our vulnerable supporters. Please refer to your local branch or animal centre should you wish to obtain information about their Safeguarding Policy.

IF APPLYING FOR A SPECIFIC VOLUNTEERING VACANCY, PLEASE STATE WHICH ROLE AND LOCATION

VOLUNTEER INTEREST – PLEASE TICK THOSE AREAS OF VOLUNTEERING YOU ARE INTERESTED IN

- | | | |
|---|---|---|
| <input type="checkbox"/> N/A Kennel work/dog walking | <input type="checkbox"/> Supermarket collections | <input type="checkbox"/> N/A Cattery work |
| <input type="checkbox"/> N/A Home visiting | <input type="checkbox"/> Charity shop | <input type="checkbox"/> N/A Small animal care |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> N/A Administration | <input type="checkbox"/> N/A Fostering |
| <input type="checkbox"/> Helping at events | <input type="checkbox"/> N/A Website/promotional | |
| <input type="checkbox"/> Other role (please specify) _____ | | |

AVAILABILITY – AT WHAT TIMES ARE YOU AVAILABLE FOR VOLUNTEERING?

- | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Daytime | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> Weekdays | <input type="checkbox"/> Evenings | |

PLEASE DESCRIBE ANY SKILLS OR EXPERIENCE YOU HAVE THAT WOULD HELP YOU IN THE VOLUNTEERING ROLE/S YOU ARE INTERESTED IN. (PLEASE ADD ADDITIONAL PAGES IF YOU WOULD LIKE TO).

PLEASE TELL US WHY YOU ARE INTERESTED IN VOLUNTEERING FOR THE RSPCA

PLEASE LET US KNOW WHERE YOU HEARD ABOUT VOLUNTEERING FOR THE RSPCA

HOW WE USE YOUR INFORMATION

The RSPCA national Society uses the personal data (as defined by the Data Protection Act 1998) you give us for the purpose of achieving its animal welfare objectives. This might involve specifically:

- keeping administrative records
- contacting you in the future about other volunteering opportunities

You don't have to give us your telephone number or email address for these purposes but if you do, we will only use them for contacting you in relation to your volunteering.

If your application is more suited to a volunteering opportunity within another RSPCA branch, a separately registered, volunteer-run charity, we may forward your details so the branch may contact you about this. If you agree to your information being shared in this way, please tick this box:

Should you wish to change your communication preference or find out more about how we use your personal data please visit www.rspca.org.uk/privacy or contact your local branch (a separately registered charity and data controller) or animal centre for further details.

VOLUNTEER DECLARATIONS

ELIGIBILITY TO VOLUNTEER IN THE UK

By completing this form I confirm that I am eligible to volunteer in the UK and understand that I am applying for a non remunerated, voluntary role. If you are from outside the EU or European Economic Area we advise you refer to the UK Border Agency website for information about your eligibility to volunteer in the UK. www.ukba.homeoffice.gov.uk

PARENTAL CONSENT (IF APPLICABLE)

Please note: opportunities for anyone under 16 years of age are limited and some restrictions apply in relation to opportunities for under 18's.

I confirm I am the parent/guardian of the person mentioned above and I consent to them volunteering with the RSPCA.

Parent or guardian signature if under 18:

**Signature of
parent/guardian**

Name (BLOCK CAPITALS)

Contact telephone number

We will only use your telephone number for the purpose of processing this application. It will not be used for marketing purposes or shared with any third party.

VOLUNTEER SIGNATURE

I confirm that the information I have provided on this form is true and complete. I understand that any false information may result in the withdrawal of any offer of a voluntary role. I understand that I may be asked to produce evidence of identification, address and status in the UK when applicable.

Signature

Date

ADDITIONAL INFORMATION PAGE

This page will be held for the purpose of processing your application and will then be destroyed securely.

REHABILITATION OF OFFENDERS ACT 1974

Have you been convicted of any offence which is not considered 'spent' under the Rehabilitation of Offenders Act 1974?

No Yes

If you have ticked yes we will ask you to complete a declaration form which we will send to you separately. This will not necessarily preclude you from volunteering with the RSPCA.

REFEREES

Please supply details of two people we can contact for a confidential reference. If possible, one of these should be a professional referee such as a current or previous employer or a school teacher.

Please ensure that you have asked your referees' permission to provide their contact details and for us to contact them.

Name _____

Name _____

Address _____

Address _____

Postcode _____

Postcode _____

Telephone no _____

Telephone no _____

Email _____

Email _____

Relationship of referee to you _____

Relationship of referee to you _____

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM.

THIS PAGE IS FOR RSPCA USE ONLY.

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USE THIS PAGE TO RECORD RECRUITMENT PROGRESS AND AS A CHECKLIST TO ENSURE ALL STEPS HAVE BEEN COMPLETED.

PRE-SELECTION CHECKS:

- IS A SUITABLE ROLE AVAILABLE?
- IF THE APPLICANT IS U18, CHECK PARENT/GUARDIAN CONSENT PROVIDED
- IF CRIMINAL CONVICTIONS DECLARED, CONTACT VOLUNTEERING SUPPORT TEAM (SOCIETY ESTABLISHMENTS) OR YOUR BSS (BRANCHES)

INTERVIEW:

- DO YOU WISH TO INTERVIEW? YES NO
- IF NO, PLEASE MAKE CONTACT WITH THE APPLICANT TO LET THEM KNOW*

DATE OF FIRST CONTACT/INVITE TO INTERVIEW _____
DATE OF INTERVIEW/GROUP INDUCTION _____
NAME OF INTERVIEWER _____

- WAS THE APPLICANT SUCCESSFUL? YES NO
- IF NO, PLEASE MAKE CONTACT WITH THE APPLICANT TO LET THEM KNOW*

START DATE _____
INDUCTION DATE _____
TRIAL PERIOD AGREED
REFERENCES REQUESTED

NEW VOLUNTEER CHECK-LIST:

- REFERENCE 1 RETURNED
- REFERENCE 2 RETURNED
- ONLINE H&S MODULES COMPLETED
- MEDICAL FORM COMPLETED
- DRIVER DECLARATION AND CHECKS COMPLETED (IF APPLICABLE)
- CODE OF CONDUCT/VOLUNTEER AGREEMENT SIGNED
- INDUCTION PACK (COPIES OF POLICIES) PROVIDED

HELP AND SUPPORT REGARDING THE RECRUITMENT PROCESS AND INDUCTIONS CAN BE FOUND ON THE LINK.