

# Volunteer application form Volunteer

BRANCH/CENTRE and Registered Charity Number:

RSPCA Nottingham and Notts Branch. Registered Charity 255763

PERSONAL DETAILS		<b>CONTAINS PERSONAL DATA</b>	
Name			
Address			
		Postcode	
Tel no	Mobile no		
Email			
DOB (Optio nal)			

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 BRANCH)	TICK THOSE AREAS OF VOLUNTEERING YOU	J ARE INTERESTED IN (SOME NOT APPLICABLE TO THIS
Trustee		
Charity Shop		
Fundraising		
Helping at events		
Other role (please specify)		
AVAILABILITY – AT WHAT T	MES ARE YOU AVAILABLE FOR VOL	UNTEERING?
Flexible	Daytime	Weekends
Weekdays	Evenings	
	LLS OR EXPERIENCE YOU HAVE TH ED IN. (PLEASE ADD ADDITIONAL PA	AT WOULD HELP YOU IN THE VOLUNTEERING AGES IF YOU WOULD LIKE TO).

# 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 detals 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 <u>www.rspca.org.uk/privacy</u> 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. <u>www.ukba.homeoffice.gov.uk</u>

#### 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 <u>under 18</u>:

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 SIGN ATURE

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

# **CONFIDENTIAL – CONTAINS PERSONAL DATA**

# ADDITIONAL INFORMATION PAGE

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

# REFEREES

Please supply details of two people we can contact for a confidential reference. We cannot accept references solely from relatives or friends. One of these should be a professional referee such as a current/ previous employer, tutor, back to work advisor 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.

# FOR RSPCA USE ONLY

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

PRE-SELECTION CHECKS: IS A SUITABLE ROLE AVAILABLE? IF THE APPLICANT IS U18, CHECK PARENT/GUARDIAN (	CONSENT PROVIDED	
INTERVIEW:		_
DO YOU WISH TO INTERVIEW? IF NO, PLEASE MAKE CONTACT WITH THE APPLICANT TO	YES    NO NO LET THEM KNOW	
DATE OF FIRST CONTACT/INVITE TO INTERVIEW DATE OF INTERVIEW/GROUP INDUCTION NAME OF INTERVIEWER		
WAS THE APPLICANT SUCCESSFUL? YES	NO	
START DATE		
START DATE INDUCTION DATE		
		-
INDUCTION DATE		-
INDUCTION DATE TRIAL PERIOD AGREED		-
INDUCTION DATE TRIAL PERIOD AGREED REFERENCES REQUESTED		
INDUCTION DATE TRIAL PERIOD AGREED REFERENCES REQUESTED NEW VOLUNTEER CHECK-LIST:		
INDUCTION DATE TRIAL PERIOD AGREED REFERENCES REQUESTED NEW VOLUNTEER CHECK-LIST: REFERENCE 1 RETURNED		
INDUCTION DATE TRIAL PERIOD AGREED REFERENCES REQUESTED NEW VOLUNTEER CHECK-LIST: REFERENCE 1 RETURNED REFERENCE 2 RETURNED		
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 AI	PPLICABLE)	
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	PPLICABLE)	

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