



Volunteer Application Form

Mr/Mrs/Ms/Miss _____ Name _____

Address _____

Postcode _____

Tel No (Day) _____ Mobile No _____

Email _____ DOB (optional) _____

Please let us know of any restrictions on Tel or Email contact _____

For insurance purposes you must be aged 16 or over to volunteer:

If applying for a specific voluntary role, please state which role and location:

If not please indicate below the areas of volunteering which you are interested in:

Animal Centre, Mill Lane, Martlesham, IP12 4PD

- | | | |
|------------------------------------------------|----------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Dog Walking | <input type="checkbox"/> Helping with reception or admin | <input type="checkbox"/> Gardening/Maintenance |
| <input type="checkbox"/> Practical animal care | <input type="checkbox"/> Fostering | <input type="checkbox"/> Driver (vet runs, etc.) |

Fundraising, Home Visiting and Committee

- | | | |
|--------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Home Visitor (aged 21 years +) | <input type="checkbox"/> Become a Branch Trustee | <input type="checkbox"/> Help at our fundraising events |
| <input type="checkbox"/> Help at external fundraising events | <input type="checkbox"/> Supermarket collections | <input type="checkbox"/> Join our Fundraising Sub-Committee |

Clinic, 35a St. Georges Street, Ipswich, IP1 3NF (Tues / Fri 10.30am to 2pm)

- | | |
|--------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Helping with admin and on reception | <input type="checkbox"/> Gardening/Maintenance |
|--------------------------------------------------------------|------------------------------------------------|

Charity Shops

Please tick which shop(s) you would like to help in and in what capacity

- | | | |
|-------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Reynolds Road, Ipswich | <input type="checkbox"/> Tacket Street, Ipswich | <input type="checkbox"/> Hamilton Road, Felixstowe |
| <input type="checkbox"/> Wilkes Way, Stowmarket | <input type="checkbox"/> Helping to process donations | <input type="checkbox"/> Helping generally in shop |
| <input type="checkbox"/> Serving customers | <input type="checkbox"/> Transporting shop donations between sites | |

Availability – at what times are you are available for volunteering? Please ✓

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening			(evening applies to Committee and Home Visiting only)				

How often would you be able to offer the above availability? _____

Please describe any skills or experience you have that would help you in the volunteering role(s) you are interested in:

We look forward to receiving your completed application form and will ensure that any information you have provided about yourself will be treated as strictly confidential.

Volunteer Declaration

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 you will be required to prove your eligibility to volunteer or work in the UK.

PARENTAL CONSENT (IF APPLICABLE)

I confirm I am the parent/guardian of the person mentioned above who is under 18 and I consent to them volunteering with the RSPCA Suffolk East and Ipswich Branch.

Signature of parent/guardian _____

Name (BLOCK CAPITALS) _____

Contact telephone number _____

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

I understand that RSPCA Suffolk East and Ipswich will process and retain the personal information contained on this form for purposes connected to my volunteering with the Branch.

- By ticking this box, I agree that my details will be kept on a volunteer database to keep me up to date with other volunteer opportunities and RSPCA Suffolk East and Ipswich news and events .

Signature _____

Date _____

Please return this completed form as follows: -

Animal Centre volunteering

Miss Zoe Barrett, RSPCA Animal Centre, Mill Lane, Martlesham, Suffolk, IP12 4PD or via martlesham@rspca-ipswich.org.uk

Clinic volunteering

Mrs Rebecca Moll, RSPCA Clinic, 35a St. Georges Street, Ipswich, IP1 3NF or via clinic@rspca-ipswich.org.uk.

Fundraising, Home Visiting and Committee volunteering

Mrs Kate Grimwood, Farthings, Burnt House Lane, Battisford, Stowmarket, IP14 2ND or via kate.grimwood@rspca-ipswich.org.uk

Felixstowe Charity Shop volunteering

Mrs Cathie Livesey, RSPCA Charity Shop, 144a Hamilton Road, Felixstowe, IP11 7DS or via felixstowe.shop@rspca-ipswich.org.uk.

Reynolds Road, Ipswich Charity Shop volunteering

Mrs Debbie Wright, RSPCA Charity Shop, 15 Reynolds Road, Ipswich, IP3 0JL or via reynoldsroadshop.ipswich@rspca-ipswich.org.uk

Stowmarket Charity Shop volunteering

Mrs Julie Sommerville, RSPCA Charity Shop, Unit 6, Meadow Centre, Wilkes Way, Stowmarket IP14 1DE or via stowmarket.shop@rspca-ipswich.org.uk

Tacket Street, Ipswich Charity Shop volunteering

Mrs Sue Smith, RSPCA Charity Shop, 1-3 Tacket Street, Ipswich, IP4 1AU or via tacketstreetshop.ipswich@rspca-ipswich.org.uk.

FOR RSPCA Branch USE ONLY

Date of Meeting / Date of Induction	
Name of Staff Member doing Meeting / Induction	
Date References Applied for	
Date References Received	

Additional information

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

Tetanus Booster

Are you up to date with your Tetanus Booster? Yes No

It is essential that your Tetanus cover is up to date if you will be helping at the Animal Centre or Clinic.

If you have indicated "No", is there any reason why you cannot be covered? _____

Rehabilitation of Offenders Act 1974

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

Yes No

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 us.

Referees

Please provide **full postal addresses (please send two stamps per reference) or e-mail address details** of two people, not related to you, over 18, who we may approach for a reference. _____

Mr/Mrs/Ms/Miss	Name
_____	_____
Address	

Postcode	

Telephone no	

Email	

Relationship of referee to you	

Mr/Mrs/Ms/Miss	Name
_____	_____
Address	

Postcode	

Telephone no	

Email	

Relationship of referee to you	
