

**Volunteer Application Form**

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| **What role are you applying for?** | **Volunteer Till Cashier** |
| **What Centre is the role located at?** | **Kinson Shop** |

**Personal Details**

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| --- | --- | --- | --- |
| **Title:** |  | **First Name:** |  |
| **Known As:** |  | **Surname:** |  |
| **Telephone:** |  | **Email:** |  |
| **Address:** |  | | |
| **Postcode:** |  | | |
| **Are you aged 16+ years?**  ***(You may be asked to provide proof of age prior to commencing your role)*** |  | | |

**Driver’s Licence**

|  |  |
| --- | --- |
| **Do you have a current, full UK driving licence?** | **YES / NO** |
| **Do you have the use of a car?** | **YES / NO** |

**Emergency Contact**

During your induction, following a successful application, you will be required to provide ‘in case of emergency’ contact details.

**About You**

|  |  |
| --- | --- |
| **Why do you want to volunteer with MGAR?** |  |
| **What skills and experience do you have that you feel would be helpful when carrying out this role?** |  |
| **Have you volunteered with or been employed by MGAR previously? If yes, please provide a few details.** |  |
| **Do you have an MGAR animal? Or have you previously?** |  |

**Health Declaration**

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

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| **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:** |  |

**Your Availability**

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

**Frequency**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Weekly** |  | **Fortnightly** |  | **Monthly** |  |
| **Other (please specify):** |  | | | | |

**References**

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

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| --- | --- | --- | --- |
| **Title:** |  | **First name:** |  |
| **Surname:** |  | **Telephone:** |  |
| **Address:** |  | | |
| **Postcode:** |  | **Relationship to you:** |  |
| **Email Address:** |  | | |

**Rehabilitation of Offenders Act 1974**

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| **Do you have any unspent criminal convictions?** | **YES / NO** |
| **If the answer is yes, this may not necessarily prevent you from volunteering with us, so please provide details of any conviction, along with your application form, in a sealed envelope addressed to: Private & Confidential, Admin & HR Manager, Margaret Green Animal Rescue, Church Knowle, Wareham, Dorset, BH20 5NQ.** | |

**Declaration (please tick):**

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| **I understand that it may be necessary to receive a Tetanus vaccination and I will consult my health provider for advice** |  |
| **I understand that MGAR will maintain my information for administration and management purposes in accordance with the Data Protection Legislation** |  |
| **Some of our roles are physically demanding. I agree to discuss any concerns that I think may affect my work with the Volunteer Co-Ordinator** |  |
| **I confirm that I have completed this volunteer application with wholly accurate information at the time of submission and understand the failure to disclose information that may affect my volunteer role with MGAR, may result in my volunteer application being withdrawn** |  |
| **I understand that I may be invited to attend a trial day, prior to commencing a volunteering role** |  |

**General Data Protection Regulation and the Data Protection Act 2018**

We will use your information together with other information for administrative and management purposes only. We may keep your information for a reasonable period in accordance with legal requirements if you cease to do voluntary work for us.

By returning this form, you consent to our processing your sensitive data (such as data relating to your health or criminal convictions) for the above purposes. You have a right to ask for a copy of your information and to correct any inaccuracies.

I declare that I have read the Data Protection Notice and all information given in this form is correct to the best of my knowledge.

|  |  |
| --- | --- |
| **Sign / Print Name:** |  |
| **Date:** |  |

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**Contact Preferences**

I would love to receive regular updates by:

|  |  |
| --- | --- |
| **Email** | **YES / NO** |
| **Post** | **YES / NO** |

To find out more about how we may use, store, and analyse your data, please visit our privacy policy: [www.margaretgreenanimalrescue.org.uk/privacy-cookie-policy](http://www.margaretgreenanimalrescue.org.uk/privacy-cookie-policy)

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| --- | --- |
| **How did you find out about volunteering with MGAR?** |  |

|  |  |
| --- | --- |
| **Sign / Print Name:** |  |
| **Date:** |  |

Thank you so much for taking the time to fill in this application.

Once completed, please send this form to the relevant member of staff, who will be in touch once your application has been reviewed.