**FERNE ANIMAL SANCTUARY**

**VOLUNTEER APPLICATION FORM**

Registered Charity No. 1164350

**Thank you for your interest in Volunteering at Ferne. If you would like support to fill in this form please telephone 01460 65214.**

Title (Mr / Mrs / Ms / Miss) *(Circle as appropriate)*

Full Name. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Address. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Post Code. .. . . . . . . . . . . . . . . . . . . . . .

Tel (home). . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. Tel (mobile). . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Email. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

How would you prefer to be contacted? 🞏 Home Phone 🞏 Mobile Phone 🞏 Email 🞏 Post 🞏 Any

Are you over 18 years of age YES / NO If NO, please state your date of birth . . . . . . . . . . . . . . . . . . . . . . . . . . .

Have you volunteered at Ferne before? YES / NO

Why would you like to volunteer with Ferne Animal Sanctuary? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Please tell us about any skills or experience (voluntary or otherwise) that would help you in the voluntary role(s) you would like to undertake – continue on a separate sheet if necessary:

. . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

What things do you enjoy doing or are particularly good at? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Is there anything that you do not enjoy doing? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

When can you volunteer? Tell us the days and times . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Do you have a full driving license? YES / NO

Do you have any disabilities or mental/physical health conditions that may affect your volunteering?

YES / NO If yes, please tell us more. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Do you have any pending prosecutions, current or unspent convictions relating to animal welfare? YES / NO

Some volunteering roles may require a DBS (Disclosure and Barring Service) check for criminal record data. Would you be willing for us to do this if necessary? YES / NO

Are you eligible to volunteer in the UK? YES / NO *(Non-UK citizens should check UK Border Service Immigration Rules)*

Please tick the specific Volunteering Roles you are interested in. Age restrictions are indicated in brackets.

**ON SITE ROLES (18 years of age and over)**

* Kennel Volunteer
* Cat Care Volunteer
* Small Farm Volunteer
* Visitor Services Volunteer
* Animal Ranger
* Estates Volunteer
* Gardening Volunteer

**OFF SITE**

* Charity Shop - Chard (17 years and over)
* Charity Shop - Crewkerne (17 years and over)
* Charity Shop - Honiton (17 years and over)
* Fundraising
* Home Visitors (18 years and over)

**REFERENCES**

We will need to contact two people who can tell us what you would be like as a volunteer. Please choose people who are not in your family - for example, you could choose your employer, work colleague, teacher or a friend.

|  |  |  |
| --- | --- | --- |
| Name: |  | Name: |
| Address: |  | Address: |
|  |  |  |
|  |  |  |
| Post Code: |  | Post Code: |
| Email: |  | Email: |

Please sign this form below confirming all the information you have provided is correct.

Signed. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Name. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

(PLEASE PRINT)

Date. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**All information that we hold concerning you as an individual will be held and processed by Ferne Animal Sanctuary strictly in accordance with the provisions of the General Data Protection Regulations and the Data Protection Act 2018. Such data will be used by Ferne Animal Sanctuary to administer our relationship with you and to provide you with information about our activities and for related purposes. We will not, without your consent, supply your name and address to any third party except where such a transfer is a necessary part of the activities that we undertake, or we are required to do so by the operation of the law.**

**Thank you for taking the time to complete this form. Please e-mail it to** [volunteering@ferneanimalsanctuary.org](mailto:volunteering@ferneanimalsanctuary.org) **or post it to Ferne Animal Sanctuary, Wambrook, Chard, Somerset TA20 3DH**