



Labrador Welfare Volunteer Application Form
Registered Charity No 1012192
www.labradorwelfare.org

YOU MUST BE 18 YEARS OF AGE OR OVER TO VOLUNTEER WITH LABRADOR WELFARE

PLEASE COMPLETE THIS FORM AS FULLY AND CLEARLY AS POSSIBLE BEFORE SIGNING AND RETURNING TO US VIA POST TO: 90 LEADER ROAD, SHEFFIELD S6 4GH. ALTERNATIVELY, PLEASE COMPLETE AND SEND BY EMAIL TO volunteer@labradorwelfare.org. WE ARE UNABLE TO CONSIDER INCOMPLETE FORMS.

PERSONAL DETAILS

YOUR NAME:

YOUR ADDRESS:

YOUR POST CODE:

E-mail address:

Contact Tel No (inc code)

YOUR DOB:

(If you choose not to provide this information, please tick to confirm you are over the age of 18)

Do you have a current full UK driving licence? Yes No

Do you have the use of a suitable, insured vehicle? Yes No

PLEASE INDICATE WHICH OF THE FOLLOWING YOU WOULD LIKE TO HELP US WITH (Please tick all that apply)

FUNDRAISING HELPER

(Events organised and run by Labrador Welfare)

COLLECTION/TRANSPORT OF DOGS

(Must be willing to use own vehicle which should be suitably equipped to transport a dog safely)

INITIAL & FOLLOW UP HOME VISITS

If you are offering to help with home visits, please tell us which postcode areas you are willing to cover:

If there are other ways you feel you might be able to help, please let us know in the space below.

PLEASE LET US KNOW WHEN & HOW OFTEN YOU ARE AVAILABLE TO HELP (Please tick all that apply)

AVAILABILITY	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
HOW OFTEN (Daily / weekly / fortnightly / monthly / ad hoc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE TELL US WHY YOU WOULD LIKE TO VOLUNTEER FOR LABRADOR WELFARE

Continue on page 4 if necessary

PLEASE TELL US A LITTLE ABOUT ANY RELEVANT SKILLS/EXPERIENCE THAT YOU MAY HAVE

(eg other voluntary work, transferable employment skills etc)

Continue on page 4 if necessary

PLEASE TELL US ABOUT ANY EXPERIENCE YOU HAVE OF CARING FOR OR HANDLING DOGS

(eg dog owner, adopted a dog, dog walking etc)

Continue on page 4 if necessary

HEALTH / DISABILITY / SPECIAL NEEDS

Please tell us about any health issues / special needs which you feel we would need to know about to ensure your safety as a Labrador Welfare volunteer. This information will enable us to act accordingly in case of emergency and will not in any way preclude full consideration of your application.

Continue on page 4 if necessary

EMERGENCY CONTACT

Please provide details of a person you would wish us to contact in case of emergency whilst undertaking voluntary duties for Labrador Welfare.

TITLE: **FIRST NAME:** **LAST NAME:**

POSTAL ADDRESS (inc postcode):

E-MAIL ADDRESS: **TEL NO (inc code):**

RELATIONSHIP TO YOU:

REHABILITATION OF OFFENDERS ACT 1974

Do you have any unspent criminal convictions registered against you? Yes No

If you answered 'Yes' this may not prevent you volunteering but please provide details of any unspent convictions in a sealed enveloped marked 'CONFIDENTIAL' and addressed to: The Trustees, Labrador Welfare, 90 Leader Road, Sheffield S6 4GH

ANIMAL WELFARE ACT 2006

Have you ever been or are you currently subject to any legal restrictions on keeping animals or livestock?

Yes No

If you answered 'Yes' please provide details:

Continue on page 4 if necessary

REFERENCE

Please provide details of a referee and ensure you have their permission for Labrador Welfare to contact them. Referees could include an employer, university tutor, previous volunteer manager or someone who holds a position of responsibility in the community. **We are unable to accept references from family members, partners or people you live with.**

TITLE: FIRST NAME: LAST NAME:

POSTAL ADDRESS (inc postcode):

OCCUPATION/BUSINESS:

E-MAIL ADDRESS: TEL NO (inc code):

RELATIONSHIP TO YOU:

DECLARATION

I confirm that I have completed this volunteer application with wholly accurate information at the time of submission and understand that failure to disclose information that may affect my volunteer role with Labrador Welfare, may result in the offer of a voluntary role being withdrawn.

In addition:

- I understand that it is recommended that I have an up-to-date Tetanus Vaccination
- I understand that Labrador Welfare will maintain my information for administration and management purposes in accordance with Data Protection legislation
- I understand that if I am successful in my application, my information may be disclosed to Labrador Welfare volunteers responsible for volunteer co-ordination and/or Emergency Services Personnel if necessary
- I understand that if I am successful in my application, I will be asked to provide photographic evidence of ID in the form of a Drivers licence or passport and/or proof of address in the form of a utility bill or similar document. I also understand that I will be required to sign a Volunteer Agreement Declaration.

SIGNED

PRINT NAME

DATE:

*When submitting this form electronically please type your name in place of a written signature.
We will ask you to sign and send us a printed copy if your application is successful.*

DIVERSITY & SAFEGUARDING STATEMENTS

Labrador Welfare strives to be a diverse and inclusive organisation and welcomes applications to volunteer regardless of age, race, gender, religion, sexual orientation, disability or nationality.

Labrador Welfare is committed to ensuring the principles and duties of safeguarding are consistently and conscientiously applied, with the wellbeing of all volunteers, supporters and others engaging with the charity resting at the heart of all the charity does.

*Thank you for completing and returning your application. A member of the team will be in touch to let you know if your application has been successful and, if it is, will send you a Volunteer Agreement Declaration which **must be signed and returned** before any volunteer duties can be undertaken. If you have not heard from us within 3 weeks of your initial application, please assume it has been unsuccessful on this occasion and is likely due to there being no volunteer roles open at the time your application was submitted.*

CONTINUATION SHEET

Please use this space to provide any further information you would like us to take into consideration in support of your application to volunteer with Labrador Welfare.