 

**Received on…………………… Trial date………………….. Starting date…………………...**

**FOR OFFICE USE ONLY**

Applicants must be at least 18 years old to volunteer at Shaldon Wildlife Trust, and must have an up to date Tetanus vaccination.

PLEASE PRINT CLEARLY

# PERSONAL DETAILS

Forename(s)……………………………………………………………………………………

Preferred Name (if not above)………………………………………………………………..

Pronouns ………………………………………………………………

Surname………………………………………………………………………………………..

Date of Birth…………………………………………….. Age………………………………………

Address…………………………………………………………………………………………………..

.…………………………………………………………………… Postcode………………………..

Phone: Home…………………………………..…… Mobile ……………………………………..

Email ……………………………………………………………………………………………………..

#  SKILLS AND EXPERIENCE

Which area of volunteering are you interested in applying for? Please circle.

ANIMAL CARE FRONT DESK/ADMIN GARDENING/MAINTENANCE SEASONAL ENGAGEMENT VOLUNTEER

Please list any relevant qualifications or courses you are currently undertaking or have completed:

Please give brief details of any skills or experience that you have which you believe would be useful whilst volunteering at the trust

#  TELL US ABOUT YOURSELF

To introduce yourself to our team, please tell us what your main interests, sports and hobbies are, and why you wish to volunteer here at the trust

 **HEALTH**

Please give details of any disabilities, medical conditions, allergies or other illnesses

Do you have an up to date Tetanus vaccination?

#  AVAILABILITY

Do you have specific dates or days allocated for volunteering? If so please specify

#  CRIMINAL OFFENCES

Have you ever been convicted of a criminal offence? If yes, please give brief details.

N.B. Rehabilitation of Offenders Act, 1974

Please provide the contact details for references:

Name ……………………………………………………………………………………………………………...

Email …………………………………………………………………..… Phone no.……………..……………

Address ……………………………………………………………………………………………….………….

……………………………………………………………………………………………………...……............. Postcode………………………………..............

Name ……………………………………………………………………………………………………………...

Email …………………………………………………………………..… Phone no.……………..……………

Address ……………………………………………………………………………………………….………….

……………………………………………………………………………………………………...……............. Postcode………………………………..............

If you have any additional information you would like to send us please attach it to this application form

**Applicant declaration**

*I confirm that the information given in this application form is complete and correct*

# Applicant’s signature ……………………………………………………….

**Date…………………………………………………………….………….……**