



Halifax, Huddersfield and District Branch  
Registered Charity No. 225575

# Volunteer application form

## CONFIDENTIAL

### Personal details

Name

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Address

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Postcode

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Tel no (day)

Tel no (evening)

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Mobile no

E-mail

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Any restrictions on daytime or e-mail contact?

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Age (if under 16 years or over 85 years due to insurance purposes)

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**If applying for a specific volunteering vacancy, please state which role and location**

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**Volunteer interest – please tick those areas of volunteering you are interested in**

- |   |   |  |
|---|---|--|
| <input type="radio"/> Home visiting         | <input type="radio"/> Internet/computer work  | <input type="radio"/> Small animal care      |
| <input type="radio"/> Fundraising           | <input type="radio"/> Supermarket collections | <input type="radio"/> Dog grooming           |
| <input type="radio"/> Helping at events     | <input type="radio"/> Charity shop            | <input type="radio"/> Group volunteering     |
| <input type="radio"/> Gardening/maintenance | <input type="radio"/> Committee work          | <input type="radio"/> Other (please specify) |
| <input type="radio"/> Campaigning           | <input type="radio"/> Dog walking             |  |
| <input type="radio"/> Administration        | <input type="radio"/> Cattery work            |  |

**Availability – at what times are you available for volunteering?**

- |                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="radio"/> Flexible | <input type="radio"/> Daytime  | <input type="radio"/> Weekends |
| <input type="radio"/> Weekdays | <input type="radio"/> Evenings |                                |

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

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**Present employment/volunteering experience**

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**Previous employment/volunteering experience**

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**Details of other skills or interests**

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**Referees** (please provide details of two people, not related to you, who we may ask for a reference)

Name	Name
Address	Address
Postcode	Postcode
Telephone no	Telephone no
Email	Email
Relationship of referee to you	Relationship of referee to you

The information you have provided on this form will be processed in line with the Data Protection Act 1998. To process your application we may need to disclose the information we receive from you to others.

I agree to the RSPCA processing and retaining the the personal information contained on this form for any purposes connected to my application or my health and safety while on the premises.

Signature	Date
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Your details may be kept on a volunteer database and we may use the data to keep you up to date with other volunteer opportunities and RSPCA news.

<b>When completed, please return this form to:</b>	<b>For RSPCA use only</b>
<b>FAO Clare Wood</b>	Date of interview:
<b>RSPCA Halifax, Huddersfield &amp; District Branch</b>	Name of interviewer:
<b>Queens Hall</b>	Will volunteer undertake a volunteering activity? Yes/no
<b>Queens Road</b>	If yes, which activity will volunteer carry out?
<b>Halifax</b>	If no, detail reason(s) why:
<b>HX1 1SN</b>	Date of induction (if applicable):