

Grovehill Animal Trust Volunteer Form

Grovehill Animal Trust, 88 Tiroony Road, Sixmilecross BT79 9HB.

028 80760482

Your Details				
Name:				
Address:				
		Pos	t Code:	
Home Tel:	Work Tel:		Mob:	
Email:			Occupation:	
Age:	☐ 18 - 24 yrs	☐ 25+ yrs		
In an Emergency who	should we contact?			
Name:				
Relationship to you:				
Phone (Primary):		Phone (Secondary):		
Your health				
Are you physically fit?	Yes / No			
Have You Had A Tetan	us Booster In The Las	st 10 Years?	Yes / No	
Please give brief details of Any Health Conditions or Special Need you have. If none, state NONE. This is to ensure your health and well being while volunteering with Grovehill.				
Volunteering Information	tion			
Please tell us what are Kennels, Catteries, Dog		you would be intere	sted in helping out with. (e.g.	
What is the maximum r	number of hours you c	an commit to each w	reek?	
Can you commit to a sp	pecific time slot each v	veek?		
Which days of the weel	k could you help?	Mon / Tues / Wed /	Thurs / Fri / Sat / Sun	
Please state if you are in the relief or care of a		teer with any other c	harity or organization involved	

Referee

Please supply 2 references from a profession worker. Please do not select partners, relative	nal, i.e. employer, teacher, social worker, support s or friends as referees.	
Name:	Relationship to you:	
Address:		
	Post Code:	
Phone:	Email:	
Name:	Relationship to you:	
Address:		
	Post Code:	
Phone:	Email:	
Rehabilitation of Offenders Act 1974		
You must declare any criminal convictions registered against you. If none please state "No convictions to declare:		
Protecting your Personal Data		
The information on this form will be used to process your volunteering application. If you are successful, the information will continue to be used in connection with your volunteering for Grovehill Animal Trust. If you cease to volunteer for us, we may retain your information for a reasonable period of time for evaluation purposes. By returning this signed form to us, you will be consenting to us using your personal information in the manner above.		
	being taken for publicity and possibly use in the	
Agreement		
	must not pursue any activity whose policies and ent with the objectives and policies of Grovehill.	
	rust will ensure that, in that capacity, they do not manner which would be contrary to the stated t.	
Signature: When completed please return this form to the	Date: address above.	
Reference		

Start Date	
Notes	