



Volunteer application form

CONFIDENTIAL

registered charity no: 1078817

Personal details:

Name:	
Address:	
	Postcode:
Tel no: (day)	Tel no: (evening)
Mobile no:	Email:
Any restrictions on daytime or e-mail contact?	
Date of birth:	

Availability:

Flexible Weekday Weekends

How often would you be able to offer the above availability, and which day/s:

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Present employment/volunteering experience:

Previous employment/volunteering experience:



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Other skills and experience relevant to this role:

Do you have any health problems or disability that we should be aware of?

Yes No If yes, please give details.....

.....

Do you have any criminal convictions, or any pending? Yes No

If yes, please give details. A prior or pending criminal conviction may not prevent you from volunteering with LWH, but failure to disclose relevant information will result in immediate dismissal. This information will be kept in the strictest confidence.



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*Please provide two referees (not related to you), who we may approach.
We will not contact your referees before consulting with you.*

Name:	Name:
Address:	Address:
Postcode:	Postcode:
Tel no:	Tel no:
Relationship to you:	Relationship to you:

The information you have provided on this form will be processed in line with the Data Protection Act 1998.

I hereby apply to become a volunteer with LWH. I also agree to abide by all the hospital's policies and guidelines and understand that I have a responsibility for my own and others' Health & Safety while volunteering with the charity. If accepted, I will abide by the principles of volunteering outlined in the charity's Volunteering Policy. I agree that LWH may hold and use the data on this form for the purposes of administering and supervising my work with the charity, and that such data may be available to those who reasonably need to know the same within the charity.

Signature:	Date:
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Thank you for completing this form, now return it to:

Leicestershire Wildlife Hospital
c/o 12 Rookery Close
Kibworth Beauchamp
Leicestershire
LE8 0SD