



At which centre do you wish to help? *(Please tick)*

Cornwall Berkshire Somerset London & Home Counties Essex

Your details

Name: _____

Address: _____

_____ Postcode: _____

Home Tel No: _____ Mobile No: _____

Email address: _____@_____

How would you like us to contact you?

Phone: Mobile Home Email: Post

Emergency Contact Details

Next of Kin: _____

Relationship to you: _____

Contact Tel No/s: _____

Which volunteer role/s are you interested in? *(Please tick all those that apply)*

You may need to talk to the volunteer coordinator at the centre to discuss what volunteering opportunities are available.

Animal Volunteering

Dog life enricher	<input type="checkbox"/>	Dog Walking	<input type="checkbox"/>
Cleaning Kennels/Cattery	<input type="checkbox"/>	Cat life enricher	<input type="checkbox"/>
Home checker	<input type="checkbox"/>	Equine helper	<input type="checkbox"/>
Small animal helper	<input type="checkbox"/>	Farm animal helper	<input type="checkbox"/>

Fundraising Volunteering

Individual Fundraising (jumble sales/coffee mornings/gift card sales)	<input type="checkbox"/>
Distributing & Collecting Collection Boxes	<input type="checkbox"/>
Distributing Leaflets & Posters	<input type="checkbox"/>
Help at Open Days (manning a stall, setting up, and promoting)	<input type="checkbox"/>
Help at external events, (i.e. county shows)	<input type="checkbox"/>
Cards for Good Causes Outlets (Christmas time at national locations)	<input type="checkbox"/>
Seasonal Admin Help -Trading Office - Watford (pricing cards, packaging etc)	<input type="checkbox"/>
Challenges (sponsored events, marathons, cycle rides etc)	<input type="checkbox"/>

Other (please specify Volunteer Role) _____





National Animal Welfare Trust

Charity No 1090499

Volunteer Application Form

When would you be available to volunteer? *(Please tick all those that apply)*

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Times available: _____

Are you registered Disabled? **Yes / No**

If yes, can you please give brief details of your disability: _____

Referees:

Due to the nature of some of our Volunteer Roles, for example working with animals/handling cash, we request that you supply details of two people we can contact for a reference. If possible, one of these should be a professional referee such as a current or previous employer.

Name: _____

Address: _____

Postcode: _____

Tel No: _____ **Other Tel No:** _____

Relationship to you: _____

Name: _____

Address: _____

Postcode: _____

Tel No: _____ **Other Tel No:** _____

Relationship to you: _____



