



Volunteer Application

CONFIDENTIAL

Personal Details

Name _____

Address _____

Zip code _____

Telephone # (day) _____ Telephone # (evening) _____

Mobile # _____ E-mail _____

Any restrictions on daytime or e-mail contact? _____

Age (if under 18 years or over 85 years due to insurance purposes) _____

If applying as a driver: Driver's License # _____ State Issued: _____ Expiration Date: _____

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Kennel Assistance | <input type="checkbox"/> Social Media | <input type="checkbox"/> Fostering |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Dog Grooming |
| <input type="checkbox"/> Helping at Events | <input type="checkbox"/> Committee Work | <input type="checkbox"/> Group Volunteering |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Dog Walking | <input type="checkbox"/> Other (please specify) _____ |

Availability – at what times are you available for volunteering?

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

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

Present employment/volunteering experience

Previous employment/volunteering experience

Details of other skills or interests

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

Name	Name
Address	Address
Zip code	Zip code
Telephone #	Telephone #
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 East Newton Animal Coalition processing and retaining 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 E.N.A.C. news.

<p>When completed, please return this form to:</p> <p>enacrescue@eastnewtonanimalcoalition.org</p>	<p>For ENAC use only</p> <p>Date of interview:</p> <p>Name of interviewer:</p> <p>Will volunteer undertake a volunteering activity? Yes / no</p> <p>If yes, which activity will volunteer carry out?</p> <p>If no, detail reason(s) why:</p> <p>Date of induction (if applicable):</p>
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