



Suffolk Central Branch

Registered Charity No.206269

Volunteer Application Form

Mr/Mrs/Ms/Miss _____ Name _____

Address _____

Postcode _____

Tel No (Day) _____ Mobile No _____

Email _____ DOB (optional) _____

For insurance purposes, you must be aged 16 or over to volunteer

If applying for a specific voluntary role, please state which role and location:

Volunteer Declaration

ELIGIBILITY TO VOLUNTEER IN THE UK

By completing this form, I confirm that I am eligible to volunteer in the UK and understand that I am applying for a non-remunerated, voluntary role. If you are from outside the UK you will be required to prove your eligibility to volunteer in the UK.

PARENTAL CONSENT (IF APPLICABLE)

I confirm I am the parent/guardian of the person mentioned above who is under 18 and I consent to them volunteering with the RSPCA Suffolk Central Branch.

Signature of parent/guardian

Name (BLOCK CAPITALS) _____

Contact telephone number _____

I understand that RSPCA Suffolk Central Branch will process and retain the personal information contained on this form for purposes connected to my volunteering with the Branch.

By ticking this box, I agree that my details will be kept on a volunteer database to keep me up to date with other volunteer opportunities and RSPCA Suffolk Central Branch news and events.

Signature _____ Date _____

CONFIDENTIAL – CONTAINS PERSONAL DATA

Additional information

Rehabilitation of Offenders Act 1974

Have you been convicted of any offence which is not considered “spent” under the Rehabilitation of Offenders Act 1974?

Yes No

If you have ticked “yes” we will ask you to complete a declaration form which we will send to you separately. This will not necessarily preclude you from volunteering with us.