RSPCA SUFFOLK CENTRAL

Volunteer Application Form

Mr/Mrs/Ms/Miss/Mx **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:

Emergency Contact Information

Emergency contact name:
Emergency contact phone number:
Relationship to you:

PARENTAL CONSENT (IF APPLICABLE)

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

Signature of parent/guardian _____

Name (BLOCK CAPITALS) _____

Contact telephone number _____

References

We require two character references to support your application. Please provide details of two referees below. We cannot accept references from relatives, spouses/partners, or a management team member at your selected site.

Referee 1

Name:

Telephone number:

Email address:

Relationship to you:

Referee 2

Name:

Telephone number:

Email address:

Relationship to you:

Additional information

Rehabilitation of Offenders Act 1974

Have you been convicted of any offence 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 you separately. This will not necessarily preclude you from volunteering with us.

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 must prove your eligibility to volunteer in the UK.

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

☐ If you would prefer that we do NOT stay in touch with you by email/mail about branch updates and events, please tick the box.

Signature _____ **Date** _____

Please return your completed form to volunteering@rspca-suffolkcentral.org.uk or by post to:

Martlesham Animal Centre
Mill Lane
Martlesham
IP12 4PD

Or hand it in at one of our Suffolk Central Charity Shops.
(Full details of our shops can be found here: https://rspca-suffolkcentral.org.uk/our-shops/)