**Volunteer form for ANIMAL ANTIKS**

**Name & contact details of volunteer:**

Name:

Address:

Postcode:

Mobile:

Landline:

Email

What days are you usually available (tick all that are possible)

|  |  |  |  |
| --- | --- | --- | --- |
| Day | Am (10-12noon)\* | PM (1-3 pm)\* | All day (10 – 3pm)\* |
| Mon |  |  |  |
| Tues |  |  |  |
| Wed |  |  |  |
| Thu |  |  |  |
| Fri |  |  |  |
| Other – | | | |

Will you be volunteering Term time only  All year round  Other

How long do you hope to volunteer for:       week(s) or ongoing placement

Why do you want to volunteer at Animal Antiks? Please outline any experience, skills or areas of special interest which you feel are relevant.

Please tell us how you heard about Animal Antiks.

Do you have a transferrable Enhanced Disclosure & Barring Service Certificate

Have you attended any Safeguarding Training in the last couple of years

Do you have any current First Aid qualifications

*If you have answered ‘yes’ to any of the above questions then we will ask for furhter details such as dates and certificate numbers at a later stage.*

Can you please provide a brief outline of your employment history and/ or volunteering experience, if any.

**References***:*

If you start to regularly volunteer for us, we will need to obtain two references for you

Name:       Date:

Once completed, please save the form and then email back to us at [office@animalantiks.co.uk](mailto:office@animalantiks.co.uk).

We look forward to hearing from you

**ANIMAL ANTIKS TEAM**