

Brockswood at Cotwall End

Catholic Lane, Sedgley, Dudley, DY3 3YE

Telephone: 01902 884390 Email: office@brockswood.org.uk www.brockswood.org.uk

Adult (18+) Volunteering Application Form

Thank you for considering voluntary work for Brockswood Animal Sanctuary. Please complete this form as fully as possible as it helps us to provide the most appropriate volunteering opportunity.

Personal Deta	ils		
Title:	Full Name:		Date of Birth:
Current Address	S:	Previous Address (If less than 3 years a	t Current Address)
Home Telephon	e Number:	Mobile Telephone Number:	
Email Address:			
Do you hold a c	current UK Driving Licence?	YES NO	

Emergency Contact Details

Please give the details of	someone we can contact in an emergency
Name:	
Relationship to you:	
Address:	
Postcode:	
Daytime Tel Number:	
Evening Tel Number:	
Mobile Number:	
Email Address:	

Volunteering Role		
Which volunteering op Please state a specific r		
Trease state a specific f	ore and check website	
	_	single am or pm session classes as one shift.
Monday am	Monday pm	PLEASE NOTE:
Tuesday am	Tuesday pm	For animal care roles we ask for a regular and reliable commitment of one full day per week
Wednesday am	Wednesday pn	(Monday to Friday) OR one full day per fortnight
Thursday am	Thursday pm	if volunteering on a Saturday or Sunday. We will also require a high level of punctuality. This is so
🗌 Friday am	Friday pm	we can provide our animals with the routine they need and to support our keepers in the most
Saturday am	Saturday pm	efficient way. Therefore you will need to indicate the day(s) you can attend by ticking the am and
Sunday am	Sunday pm	pm box for that day. Please only apply if you can realistically and regularly make this commitment.
Do you have any previo	ous volunteering expe	rience? If yes please give details:
	•	ell us why you want to volunteer at Brockswood?
What skills can you bri volunteering with us?	ng to the role? What j	personal qualities do you have relevant to
What do you want to g	et out of volunteering	at Brockswood?

Personal Health

Please give us details about any support needs you may have. This does not stop you volunteering with us but lets us know how these may affect your volunteer activities at the sanctuary and how we can best support you.

Do you consider yourself to have a mental health issue?	YES	NO
Do you consider yourself to have a learning difficulty?	YES	□ NO
Do you consider yourself to have a physical disability?	YES	□ NO
Do you have any diagnosed conditions?	YES	□ NO
Do you receive help from any support agencies?	YES	NO
Are you on any permanent or long-term medication?	YES	□ NO
Have you experienced any side effects to your medication	YES	NO
Do you have any current or recent alcohol/drug use issues?	YES	□ NO
Do you have (or have had) an Education Health Care Plan EHCP?	YES	□ NO
Do you have a phobia towards any animals?	YES	NO
Do you have any allergies?	YES	□ NO

If you have answered yes to any of the above please give full details of the issues, including how your problems may affect you as a volunteer and how we can best support you whilst you are volunteering:

Personal Heath - Conti	nued		
Do you have a key worker, worker or permanent carer		YES	NO NO
If you have answered yes t	o the above please give the	name and contact nu	mber below
Name:		Contact Number:	
Do you give your consent necessary:	for us to contact this person	if YES	NO NO
Criminal Convictions			
and therefore must ask you the groups we work with, t do not apply. Information be disclosed. Any information given wil application. The informatio depend on the assigned tas be withdrawn if it is discov	s Act 1974 tain safeguards to protect va- for details of any criminal he provisions of Section 4(2 about convictions, which fo l be treated in strict confider on given will not necessarily ks and the nature of the offe- vered that previous conviction Disclosure & Barring Service	convictions. Due to t convictions. Due to t convertions are s noted and used only in prevent you from voluntary ons were not disclose	he nature of some of on of Offenders Act spent, must therefore connection with this plunteering and will position offered may d. We reserve the
Do you have any unspent of	convictions?	YES	NO
Are you currently under pr	obation supervision?	YES	NO
Are you currently serving	a Community Service order	? YES	NO NO
	ny previous or outstanding c /caution, any sentence detai		(including nature of
Nature of Offence	Details of Sentence		Date of Conviction/ Caution

Personal References

Please give the details of **at least two people** (preferably 3) we can contact to obtain a reference. These people must know you well enough to give an accurate reference and have known you for at least two years, but cannot be family members. We ask for references from all volunteers at Brockswood as part of our safeguarding policy. Below is a list of people you could ask:

• Employer	 Religious Leader 	• Tutor / Lecturer	Volunteer Manager
• Landlord	Social Worker	Health Worker	• Accountant
 Housing Officer 	Community Worker	Solicitor	Job Coach

First Reference Details

Name:	
Relationship to you:	
Address:	
Postcode:	
Telephone Number:	
Email Address:	

Second Reference Details Name: Relationship to you:

r j	
Address:	
Postcode:	
Telephone Number:	
Email Address:	
Third Reference Details	
Name:	
Relationship to you:	
Address:	
Postcode:	
Telephone Number:	
Email Address:	

Please read the following carefully as by submitting this application you are agreeing to the following:

- I confirm that the information given on this form is correct and accept that any deliberate omissions later discovered may result in any offer of volunteering being withdrawn.
- I understand that my details will be kept on file at Brockswood Animal Sanctuary and used only in conjunction with the volunteering process.

I also acknowledge that the following conditions will apply to any voluntary role I may be offered:

- Full and honest completion of this application form
- Obtaining of at least two satisfactory references
- A satisfactory DBS (Disclosure & Barring Service) check if appropriate
- Brockswood will not share your data with third parties, unless your application for volunteering is initially successful, in which case we will then share your data with your nominated referees to obtain references. All data is stored in line with current legislation
- An initial informal meeting with the Sanctuary Manager or Volunteering Coordinator where the volunteering scheme can be discussed in more detail
- New volunteers will be expected to complete an initial trial period. The first forty hours of volunteering will be taken as the trial period
- I understand I will be responsible for providing my own work-wear (work clothes, boots and wellies etc.) that are suitable for the tasks assigned to me. Guidance will be given on appropriate work-wear on induction
- All volunteers are expected to adhere to all the organisation policies and procedures and working practices, including (but not limited to) the Equal Opportunities Policy and the Health & Safety Guidelines
- Volunteers are expected to contact the Brockswood office if they are are unable to attend on the days or times agreed
- I understand that Brockswood Animal Sanctuary cannot be held responsible for the security of any personal items and any loss or damage to personal items including clothing.

Submission of Application

When you have completed this application, save it to your computer or device and email it to:

office@brockswood.org.uk

If you prefer you can also print a copy and post it to:

Volunteer Co-ordinator, Brockswood at Cotwall End, Catholic Lane, Sedgley. DY3 3YE

Please allow 21 days for us to process your application – Thank You

Office Use	Only		
Ref:	DR:		