

Please note that the information given below will be used to match potential volunteers to the most appropriate roles available at the time of application to volunteer with VETERANS WITH DOGS

PERSONAL DETAILS (Please complete using block capitals and black ink)

Title	Mr Mrs Ms Miss		
Surname		Forename	
Address			
		Postcode	
Home Tel No		Work Tel No	
Mobile No			
Email address			
May we contact you at work? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Administrative Support	<input type="checkbox"/>	Approved Dog Trainer	<input type="checkbox"/>	Research	<input type="checkbox"/>
Event Organisation	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Clinical Support	<input type="checkbox"/>
Animal Welfare	<input type="checkbox"/>	Aftercare Support	<input type="checkbox"/>	Other	<input type="checkbox"/>

When are you available to volunteer or commit time for us? (Please tick)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

What motivated you to apply for a volunteer role with Veterans With Dogs?

What previous work experience, including voluntary work do you have?

Do you have any hobbies or interests relevant to the post?

What skills, knowledge and experience do you feel you could bring to a voluntary role in our organisation?

How did you hear about us?

Please provide names and addresses of two people who we could contact for a reference. (Someone who is not a relative but has known you for 2 years within the last 5 years).

REFERENCE 1		REFERENCE 2	
Name		Name	
Job Title		Job Title	
Organisation		Organisation	
Address		Address	
Postcode		Postcode	
Tel No		Tel No	
Email		Email	

CONSENT

**Thank you for taking the time to complete this Volunteer Application Form.
Please keep a copy for your own reference.**

VETERANS WITH DOGS fully complies with the provision of the Data Protection Act. Details given on this form will be treated as confidential and stored electronically and in paper files. This will only be used in relation to this application to become a volunteer with VETERANS WITH DOGS.

By completing and submitting this application, you are confirming that the information provided herein is complete and accurate and that you agree to VETERANS WITH DOGS storing the information for the purposes of this application.

Signed:

Print Name:

Date:

Thank you for your interest, we will be in touch soon.

Please return completed form to:

**Craig MacLellan CEO
VETERANS WITH DOGS**

PLEASE NOTE:

All information received will be treated in the strictest confidence, consistent with our commitment to safeguard vulnerable adults.