



Volunteer Application Form

Your details

| | |
|--|-----|
| Title (Mr, Mrs, etc) | |
| Full Name | |
| Home Address | |
| Home Telephone | |
| Mobile | |
| Contact Email Address | |
| Any restrictions on contact details | |
| Age (if under 16 or over 75) | |
| Availability | |
| Present and previous employment/ volunteering experience | |
| Any medical condition that could affect your ability to help (e.g. allergies or registered disabled) | |
| When did you last have a tetanus injection? | / / |

Referees

Please provide details of two people, not a relation, who we may ask for a reference

| | | |
|---------------------|--|--|
| Name | | |
| Address | | |
| Telephone Number | | |
| Relationship to you | | |

| | |
|-----------------------------|---|
| Data protection declaration | I give consent for personal information provided as part of the application to be held on computer or other relevant filing systems in accordance with current data protection laws <input type="checkbox"/> (please tick) |
| Signature | |
| Date | / / |

We look forward to receiving your application and will ensure that any information that you have provided about yourself will be treated as confidential. All our volunteers are treated with care and respect just like our cats.