

# Volunteer enrolment form

Ref:

Site:



Please complete this form as fully and clearly as possible. You are not obliged to complete every section, but the information you do provide will help us to find the most appropriate volunteer role for you and will also enable us to monitor PDSA's commitment to involve people from all sections of the community.

Please be sure also to read the important information at the end of this form on page 4.

Mr/Mrs/Miss/Ms

Forename(s) \_\_\_\_\_

Surname \_\_\_\_\_

Full postal address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Email address \_\_\_\_\_

Tel. no. and STD code (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Date of birth \_\_\_\_\_ If you choose not to provide this information, please tick to confirm you are over 14

Which volunteer roles would you consider? \_\_\_\_\_

Please list alternatives if the above are not available. \_\_\_\_\_

\_\_\_\_\_

In which location would you like to volunteer? \_\_\_\_\_

Anything else you would like to add to help us find the right voluntary role for you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate the time commitment you are able to give (e.g. days in the week, hours per day, and any limitations on long-term availability).

\_\_\_\_\_

Do you have a current driving licence? Yes  No

Do you have the use of a car? Yes  No

**Health** (It is important that you tell us of any health issues, including mental health, significant illness, or of any disability where we might need to make special arrangements.)

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Do you have additional support needs? (Please explain)

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Interests and hobbies

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Are you a pet owner? Yes  No

If yes, please indicate Cat  Dog  Other

Have you ever used a PDSA PetAid hospital or PetAid branch? Yes  No

Where did you hear of PDSA needing volunteers.

Friend/family  Leaflet  Agency  Press

School/college  TV  Radio  Website

PDSA staff  Other (please state) \_\_\_\_\_

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Please tell us what made you decide to volunteer with PDSA.

Love of animals  To meet people  To gain work experience

PDSA was first to ask  To be active  PDSA helped me in the past

PDSA hospital or branch/  
office/shop nearby  Believe in the cause  Any other reason?  
(please state below)

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What skills or experience could you bring to PDSA?

- |   |   |  |                                      |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Banking/accounts     | <input type="checkbox"/> Clerical/secretarial | <input type="checkbox"/> Computers       | <input type="checkbox"/> Handicrafts |
| <input type="checkbox"/> Driving              | <input type="checkbox"/> Education            | <input type="checkbox"/> Fundraising     | <input type="checkbox"/> Catering    |
| <input type="checkbox"/> Legal work           | <input type="checkbox"/> Manual labour        | <input type="checkbox"/> Public speaking | <input type="checkbox"/> Research    |
| <input type="checkbox"/> Sales                | <input type="checkbox"/> Shop work            | <input type="checkbox"/> Organising      | <input type="checkbox"/> Telephone   |
| <input type="checkbox"/> Working with animals | <input type="checkbox"/> _____                | <input type="checkbox"/> _____           | <input type="checkbox"/> _____       |

Who should we contact in case of emergencies?

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_  
Telephone numbers \_\_\_\_\_

Please supply the names and addresses of 2 referees and state how they know you.

Please ensure you have these referees' permission for PDSA to contact them.  
Referees can include a previous employer, someone who holds a position of responsibility in the community, or a long-standing friend.  
Family members are not acceptable.

Name _____	Name _____
Address _____	Address _____
_____	_____
_____	_____
_____ Postcode _____	_____ Postcode _____
How they know you _____	How they know you _____

### Rehabilitation of Offenders Act 1974

You must declare any unspent criminal convictions registered against you (if none, please state 'no convictions to declare').

\_\_\_\_\_

## Equal opportunities monitoring

PDSA is committed to providing equal opportunities for all volunteers, regardless of race, colour, nationality, ethnic or national origin, disability, sex, marital status, sexual orientation, age, religion or belief. In order to monitor and ensure the successful implementation of this policy, potential volunteers are asked to complete this section.

I would describe my ethnic origin as

- White                       Black                       Asian                       Chinese
- Mixed race                       Other Please specify \_\_\_\_\_

## Communicating with you

1. PDSA is keen to show its appreciation of its volunteers and also to keep its volunteers informed about its vital veterinary work. Active PDSA volunteers receive occasional communications such as *PDSA News* – our quarterly magazine, thank-you cards, volunteering newsletters and feedback surveys.
2. PDSA may occasionally wish to contact you regarding other volunteering opportunities within the organisation, such as collections and events in your local area. If you are happy to be contacted about these opportunities, please tick this box.
3. You may also be interested in supporting PDSA in other ways. If you are happy for us to contact you by post, telephone or email about our work and to raise vital funds using appeals, competitions, trading offers, PDSA-branded financial services or sponsored events, please tick this box.
4. Occasionally we allow carefully selected organisations to contact our supporters directly. If you are happy for PDSA to transfer information about you to these organisations, please tick this box.

## Protecting your personal data

The information you provide on this volunteer enrolment form will be used to process your request to become a PDSA volunteer and to comply with your communication preferences. We will process your personal information in connection with your voluntary service with PDSA to enable us to manage your time spent with us in the best way possible, and for analytical purposes. Information about your performance and suitability for future opportunities may be disclosed to prospective managers or included in a reference requested by a future employer. Information will be held securely in PDSA's Volunteering Database and by the local manager at your place of volunteering.

Please note, that unless otherwise specified by you in writing, your completion and submission of this form will be deemed to signify your explicit consent for PDSA to use your personal information in the manner described above.