

Volunteer Enquiry Form

| First name: | | | | urname: | | | | |
|--|--|-----|-----|---------|----------------|-------|-----|--|
| Address: | | | | | | | | |
| | | | | | | | | |
| | | | | | Posto | ode: | | |
| Landline: | | | | | Mobile: | | | |
| Email: | | | | | Date of Birth: | | | |
| Role of Interest: | | | | | | | | |
| Maximum hours per week or month: | | | | | | (mth) | | |
| When would you be able to volunteer? (Please tick when available) | | | | | | | | |
| | Sat | Sun | Mon | Tues | Wed | Thurs | Fri | |
| AM | | | | | | | | |
| PM | | | | | | | | |
| EVE | | | | | | | | |
| Do you ha | Do you have an unspent criminal conviction? YES \Box NO \Box | | | | | | | |
| Do you have any convictions which are exempt Under the 1974 Rehabilitation of Offenders Act? YES NO | | | | | | | | |
| Life/ Employment/ Education Experience relevant to the role: | | | | | | | | |
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| How did you hear about Freshfields? (Please tick) | | | | | |
|---|---------------------|--|--|--|--|
| Word of Mouth | School/university | | | | |
| Leaflets | Public Event | | | | |
| Passing By | TV, Radio or paper | | | | |
| Other Organisation | Freshfields Website | | | | |
| Doctor | Facebook | | | | |
| Twitter | Instagram | | | | |
| Member of staff | Long term supporter | | | | |
| Other: (please say) | | | | | |

Once completed please return the form to volunteer@Freshfields.org.uk

or you can return by post direct to the rescue.

Data protection

In accordance with UK GDPR and the Data Protection Act 2018, I agree that Freshfields Animal Rescue may hold and use this personal information provided by me, for volunteering purposes. This information will be held securely and only accessed by authorised personnel. I consent to Freshfields processing my data including any sensitive data (such as data relating to health or criminal convictions) for the above purposes. For information about how we hold, use and protect your data visit www.freshfields.org.uk/privacy-policy

From time to time, we would like to keep you informed of news, events and the vital life transforming work we do together. Please confirm, by ticking if you are happy with us to contact you by

| Email | Mail | Telephone |
|----------|--------------|---------------------------------|
| You can | easily cha | nge your preferences at anytime |
| Signatur | e (type if s | sent by email) : |

Date: