

Volunteer initial interest form

Personal details			
Name:			
Address:			
		Postcode:	
Tel no (day):		Tel no (evening):	
Mobile no:		email:	
Age (if under 16 yrs or over 85	vears due to insurance	purposes):	
If applying for a specific volunt			
Volunteer interest – ple	ease tick those are	as of volunteering you are interested in:	
Homevisiting	Campaigning	Charity shop	
Fundraising	Administration	n Committee work	
Helping at events	Internet/pc wo	ork Dog walking	
Practical animal care	Other (please	Other (please specify)	
Availability – at what ti	mes are you availa	ble for volunteering?	
Flexible	Daytime	Weekends	
Weekdays	Evenings	Evenings	
with the Data Protection Act 1	998. To progress your a RSPCA processing and	that the information you have provided is processed in accordance pplication, we may need to disclose the information we receive from the disclose the information on this form for any purpose disclose the information on this form for any purpose that the information is processed in accordance and the information is processed in the information in the information is processed in accordance and the information is processed in the information in the information is processed in the information in the information is processed in the information in the information in the information in the information is processed in the information in the inform	
Signature:		Date:	
Your details will be kept on a opportunities and RSPCA new		d we may use the data to keep you up-to-date with other volunte	
When completed, please return this form to:		For RSPCA use only:	
		Date of interview:	
		Date of induction (if applicable):	

Standard application form completed (if applicable):