**RZSS VOLUNTEERING**

**Volunteer Application Form**

**Thank you for your interest in volunteering for the Royal Zoological Society of Scotland (RZSS). Please be advised that any information you provide will be kept and stored confidentially in line with the Data Protection Act.**

**ABOUT YOU**

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| **Volunteer Role Applied for:**  |

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| --- | --- |
| Name:  | Title: Other:  |
| Address:  | Postcode:  |
| Tel No:  | Mobile No:  |
| Email: |
| ***Please confirm you are aged 18 years or older*** Yes No  |
| ***Please confirm that your tetanus inoculation is up to date. This is a requirement for all volunteers***  Yes No  |

*If your volunteer application is successful we will contact you via email so please ensure you enter an email address above. Email is our preferred method of communicating with our volunteers.*

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| **How did you hear about RZSS volunteering?**□ RZSS website□ Friends or family □ Observed volunteers at one of our sites/events/projects□ Volunteer CentreOther *Please state:*  |

Please continue overleaf if required:

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| **Why would you like to volunteer for RZSS?** |

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| **Please share any skills or experience you believe are relevant to the role you are applying for:** |

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| **What do you hope to gain from volunteering for RZSS?** |

**YOUR AVAILABILITY**

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| **How would you like to donate your time as a volunteer?** *Please provide preferred days/times and regularity of volunteering (e.g. every week, fortnight etc.)* |

*Please complete this section if you are applying for an Events Volunteer Role*

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| **Please state at which events you are available to volunteer:**□ Pop up science festival events (at least two days from 1-14 April, 10am – 3.30pm)□ Zoo Nights (at least two events 23 May, 2, 9 and 23 June, 3-11pm). |

*Please note that if you are applying for an Events Volunteer Role then you will need to be available for the events in question. The availability of volunteers may be used to determine how suitable they are to a particular role.*

**REFERENCES**

**Please provide the contact details of two people (not relatives) we can contact to obtain a reference about your suitability to be an RZSS volunteer.** *Please say in what capacity your referees are able to comment on your application*

|  |  |
| --- | --- |
| Name:  | Name:  |
| Address:  | Address:  |
| Email:  | Email:  |
| Tel no:  | Tel no:  |
| In what capacity do you know this person? | In what capacity do you know this person? |

**EMERGENCY CONTACT DETAILS**

**Please provide details of the person we should contact for you in case of an emergency:**

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| --- | --- |
| Name:  | Tel No:  |
| Relationship to you:  |

**SUPPORT OR HEALTH NEEDS**

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| **Do you have any allergies, health problems or support needs that we should be aware of?** Yes No *If Yes please provide details so that we can make appropriate arrangements if necessary:* |

**CRIMINAL CONVICTIONS**

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| **Do you have any criminal convictions?** Yes No *If Yes then please provide details of all offences, sentences and dates on a separate piece of paper, in a sealed envelope with your name on and attach to this form. This excludes any spent convictions* ***UNLESS*** *you are applying for a volunteer role which involves working with children or protected adults in which case all cautions, bindovers, pending prosecutions, spent and unspent convictions must be declared.* |

**Please be aware that all new volunteers will be required to complete a disclosure check.**

**DECLARATION**

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| I confirm that, to the best of my knowledge, the information on this application form is accurate. |
| Applicant’s Signature:  | Date: |

**COMPLETED APPLICATION FORMS**

Please send your completed application form to afalconer@rzss.org.uk.