** Volunteer application form**

Complete and return to [nushn@shropshirewildlifetrust.org.uk](mailto:nushn@shropshirewildlifetrust.org.uk)

Or post to: Supporter Relationship Officer, Shropshire Wildlife Trust, FREEPOST ANG60017 Shrewsbury SY2 6ZD

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| --- | --- | --- | --- |
| Date: | Name: Mr / Mrs / Ms / other | | Age if under 25 |
| Address: | | | **Are you a member of SWT? Yes / No**  *You do not need to be a member to volunteer* |
| **If not would you be interested in joining?** Yes / No |
| Telephone: | | Email address: | |

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| 1. **We currently have the following vacancies. Please tick those you are interested in:** | | | | | |
| River Friendly Shropshire Engagement Volunteer | Volunteer Data Input BogLIFE admin support | Reception / Visitor Centre at The Cut, Shrewsbury\* | My local Branch  group | Feed the Birds project\* | Outdoor education assistant\* |
| ***\* We require two references for roles marked with an asterisk. Please give 2 names and email contact details:*** | | | | | |
| Information on all these roles can be found on our website at: www.shropshirewildlifetrust.org.uk | | | | | |

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| **2. Please tell us about your availability to volunteer:** | | | | | | |
| Mon to Fri | | Weekends | | | Both | |
| 1. **Are there any restrictions to your availability such as work, college etc..?** | | | | | | |
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| 1. **How did you find out about volunteering with Shropshire Wildlife Trust?** | | | | | | |
| Website | Poster | | Word of mouth | At Visitor Centre | | Other, please tell us how |
| 1. **Do you have any Court imposed restrictions** Yes / No | | If so please give details here: | | | | |
| ***Your answers will be treated in strict confidence and will not necessarily affect your chance to volunteer with us*** | | | | | | |

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| 1. **Please tell us briefly why you are interested in this role and what related skills and experience you have** | |
|  | |
| 1. **Health statement** – Please tell us about any health issues that we need to know about in order for you to volunteer safely with us. For example, any back problems, regular medication. This information is confidential and will not be shared. If you do not tell us about an issue or fail to keep us informed with any changes to your health, insurance cover as a volunteer will be invalid. | |
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| 1. ***Please give contact details for someone we can contact in an emergency*** | Name: |
| Relationship to you: | Telephone numbers: |

**Health & safety:** Shropshire Wildlife Trust has a duty of care towards all our volunteers and we have a Health & Safety Policy that specifically covers volunteers. Your supervising staff member will brief you about how to work safely. It is expected that you will follow all safety procedures and instructions including the safe use of tools, clothing and footwear. Whilst volunteering with us you will be covered by our Personal Accident Insurance for volunteers and Public Liability Insurance with regard to injury to themselves or others and by signing this you agree to abide by our safety procedures and instructions at all times whilst volunteering with us.

Your name in block capitals:**­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Data Protection Regulations (GDPR):** We will store this information on our database for as long as you volunteer with Shropshire Wildlife Trust and will use details to inform you about training, social events and other volunteer opportunities that we think you might be interested in. We never share this information with others.

**Privacy Policy:** available at: https://www.shropshirewildlifetrust.org.uk/privacy-policy (hard copies available).

**Code of Conduct:** As a charity we work with various members of the public and are regularly featured in the media. A copy of ourVolunteer Code of Conduct accompanies this form and we ask that you please read and sign this to confirm you your understanding.

**We send out our quarterly Volunteer E newsletter via Mailchimp and they may ask you if you wish to receive it. Please tick here if you want to receive the newsletter:**

**If you have any problems contact the Supporter Relationship Officer at nushn@ShropshireWildlifeTrust.org.uk.**

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| **For office use only:** |  |  |
| **Form received:** | **Uploaded to ThankQ:** | **Attended orientation:** |
| **Induction:** | **Start date:** | **Staff contact:** |
| **Other info:** | | |