

WAGGY TAILS – ADULT VOLUNTEER FORM

You can probably appreciate that due to the nature of our club, it is necessary to ask volunteers to complete a form giving some personal details.

Name: _____

Address: _____

Telephone: _____, Mobile: _____

Email: _____

ADDITIONAL INFORMATION

PLEASE TELL US WHY YOU WOULD LIKE TO VOLUNTEER AT WAGGY TAILS:

CAN YOU COMMIT TO ATTENDING WAGGY TAILS ON A WEEKLY BASIS?

YES / NO

(Illness is an exception)

If no, please give us some further information so we have a better understanding: _____

HAVE YOU HAD EXPERIENCE WORKING WITH CHILDREN WITH DISABILITIES?

YES / NO

If yes, please give details: _____

IN THE UNLIKELY EVENT OF AN EMERGENCY, PLEASE FILL OUT THE QUESTIONS BELOW TO THE BEST OF YOUR KNOWLEDGE:

Emergency Contact (name & telephone): _____

Have you ever had an allergic reaction to anything?

YES / NO

If yes, please state: _____

Do you take medication of any sort?

YES / NO

If yes, please state: _____

Is this carried with you at Waggy Tails?

YES / NO

Have you at any time undergone a DBS check?

YES / NO

*** Please keep us informed of any changes to your emergency contact details or any medication taken***

PHOTO RELEASE:

At Waggy Tails you may have your photograph taken, which may appear on our Facebook page or website.

Please sign below to acknowledge that you are in agreement with this happening.

(If under 18 years, please give DOB: _____ and ask a parent/carer to sign this form)

Please post your completed form to:

Carol Petley
Emmanuel Church
South Croydon
CR2 7AF