

## **WAGGY TAILS – YOUTH VOLUNTEER FORM** (18 years and under)

Waggy Tails Club (Croydon) Reg. Charity 1155965

Emmanuel Church Hall, South Croydon

*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: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_, Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School / College attending: \_\_\_\_\_

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

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We very much value and appreciate your willingness to help at Waggy Tails Club. You will be expected to help the team with befriending the disabled teenagers. Help them to have lots of fun, and don't forget to have fun yourself!

Never be aggressive, angry or unfriendly towards our Waggy Tails members. Try and have a happy smile and be gentle during the activities. Give praise for their achievements and help and encourage them with consideration when they find things difficult.

During Waggy Tails, leaders may ask you to assist them; please take your supervision from them. Leaders will give you care, personal supervision and guidance. You can talk to them at any time on any topic, even if it's not related to Waggy Tails.

Finally, try and avoid too much physical contact. Instead just encourage the participants to take part in what has been organised. If you find yourself alone in the room with a teenager, please leave the room and seek out another leader. We will do our best to ensure that you will only be involved in activities where you are under direct supervision and eye contact of a leader.

You will be given a Waggy Tails Buddy Info booklet. Please make sure you familiarise yourself with the information.

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

Emergency Contact (name, relationship & telephone): \_\_\_\_\_

\_\_\_\_\_

Additional Emergency Contact (name, relationship & 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

**STATEMENT OF COMMITMENT**

*Do you plan to volunteer at Waggy Tails as part of your DofE?*

YES / NO

By volunteering at Waggy Tails Club, we expect you to commit regularly for a period of twelve months with the exception of sickness, school outings, exams and study leave. In the event of poor commitment, Waggy Tails leaders reserve the right to withhold signing D of E Volunteer Forms.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO RELEASE & PARENTAL PERMISSION:**

*Dear Parent,*

*We really appreciate your child volunteering to help at Waggy Tails. While at the club your son/daughter may have their photograph taken, which could appear on our Facebook page or website.*

*Please sign below to acknowledge that you are in agreement with this happening and that your child has permission to volunteer at the club.*

*Please confirm that you have made arrangements for your son/daughter to travel to and from Waggy Tails safely.*

Parent / Carer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

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