



Volunteer application form – Hand rear fosterer

CONFIDENTIAL

Registered charity no: 1078817

Personal Details:

Name:	
Address:	
	Postcode:
Mobile no:	Email:
Date of birth:	

Availability:

This role will run from March to September, dependant on intakes to the Leicestershire wildlife hospital (LWH). For this role, you will need to be available for minimum of 2-week periods in one go. Please state any times you will definitely be unavailable below:

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Present employment/volunteering:

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Previous employment/volunteering:

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Any skills and experience relevant to this volunteer role?

Do you have any health problems or disability that we should be aware of?

Yes ☐ No ☐ If yes, please give details

Please describe the area of your home you have available for hand rearing orphaned wildlife:

Do you currently have any pets? If so, what pets do you have and how will you keep these away from the wild animals being reared?

Please confirm you would be able to follow our protocol for hand rearing, including to ensure the animals are kept wild

Please confirm that you are aware this is a volunteer role, that you will be given all the equipment needed to hand rear but you will need to use your own electricity, water etc and the costs of these cannot be reimbursed

Do you have any criminal convictions, or any pending?

A prior or pending criminal conviction may not prevent you from volunteering with LWH, but failure to disclose relevant information will result in immediate dismissal.

Yes ☐ No ☐ If yes, please give details

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Please provide two referees (not related to you), who we may approach. We will not contact your referees before consulting with you.

Name:	Name:
Address:	Address:
Tel no:	Tel no:
Relationship to you:	Relationship to you:

The information you have provided on this form will be processed in line with the Data Protection Act 2018. I hereby apply to become a hand rear foster volunteer with LWH. I also agree to abide by all the hospital's policies and guidelines and understand that I have a responsibility for my own and others' Health & Safety while volunteering with the charity. If accepted, I will abide by the principles of volunteering outlined in the charity's Volunteering Policy. I agree that LWH may hold and use the data on this form for the purposes of administering and supervising my work with the charity, and that such data may be available to those who reasonably need to know the same within the charity.

Signature:	Date:
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Thank you for completing this form. Please now return it via email:

info@leicestershirowildlifehospital.org.uk

Or by post:

Leicestershire Wildlife Hospital,
12 Rookery Close,
Kibworth Beauchamp,
Leicestershire,
LE8 0SD