**VOLUNTEER REGISTRATION FORM**

Possum Valley Animal Sanctuary is a not for profit association which aims to prevent or relieve the suffering of native and ‘farm’ animals.

The Sanctuary works to provide a rescue and rehabilitation service for orphaned and injured native, domestic and ‘farm’ animals.  It provides a permanent home and foster care facility for all animals in need, while also working to promote kindness and respect to all animal species via community education.

If you are interested in joining our passionate and highly valued team of volunteers, please

complete this form and return it to Possumvalley4@gmail.com for assessment

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| **Personal Details** |
| Your Name: |
| Residential Address: |
| Suburb: | Postcode: |
| Home Number: | Mobile Number: |
| Email Address: |
| Date of Birth: | Driver’s License: [ ] Yes [ ] No |

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| **Volunteering preferences** |
| Please identify the activities you are interested in and capable of: |
| [ ]  Building and maintenance | [ ]  Transporting goods/animals | [ ]  Event support |
| [ ]  General labouring  | [ ]  Administration | [ ]  Tour guiding |
| [ ]  Cleaning and washing | [ ]  Fundraising | [ ]  Procurement/Grant writing |
| Other: (please specify any other skills that may be of benefit) |
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| **Emergency contact information** |
| Contact Name: |
| Daytime Phone: | After Hours phone: |
| Relationship: |

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| **Availability – Please indicate which days/times you are available for volunteering** |
| [ ]  Ad-Hoc events or busy bees  | [ ]  As work demands (eg, clerical, grant writing etc.)  |
| \*If regular | Mon | Tues | Wed | Thu | Fri | Sat | Sun |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |

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| **Health Information** |
| Do you have any physical limitations or are you under any course of treatment, which might limit your ability to perform certain activities? [ ]  Yes [ ]  No |
| If Yes, please describe: |
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| **Referees** |
| Please provide the names of two people who would be willing to speak on your behalf.The referees may be friends, current or former employers, work colleagues or a neighbour etc. |
| Referee #1 | Name: |
| Relationship: |
| Phone: |
| Referee #2 | Name: |
| Relationship: |
| Phone: |

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| Volunteer Declaration |
| I declare that the information provided in the above Registration Form to be true in all aspects. |
| Signed: | Date: |

PRIVACY STATEMENT

*In accordance with the Privacy Act all information collected is for the purpose of* assessing your *suitability for volunteer work at Possum Valley Animal Sanctuary. No personal information is used or disclosed to other parties other than required by law or for insurance purposes. All information is securely stored. Statistical non-personal information may be used from time to time.*