

**VOLUNTEER APPLICATION FORM**

**Companion Animal Program**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Email:** |  |
| **Country of Birth:** |  |
| **Languages Spoken:** |  |

**Please list (BRIEFLY) relevant qualifications, skills, and experience**

|  |  |
| --- | --- |
| **Qualifications** |  |
| **Skills** |  |
| **Experience** |  |

**What interests you in becoming a Companion Animal Program Volunteer?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What experience have you had with a pet before? *Please state pet type.***

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**What type of pet care are you willing to assist with?**

❑ Walking ❑ Bathing ❑ Feeding

❑ Bed cleaning ❑ Cage cleaning ❑ Coat care

❑ Kitty litter tray cleaning ❑ Dog poo pick up ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have a preference in pet type?**

❑ Dog (large) ❑ Dog (medium) ❑ Dog (small)

❑ Cat ❑ Other\_\_\_\_\_\_\_\_\_\_\_ ❑ No preference

**Which day/s and times are you available to volunteer?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Time (am)** | **Time (pm)** | **Comments** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |

**Are you able to commit to the role until for at least 6 months?** ❑ Yes❑ No

**How did you find out about the Companion Animal Program at NRCH?**

**Are there any health, disability, religious or other needs that we need to take into account?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Referee 1** | **Referee 2** |
| **Name:** | **Name:** |
| **Organisation:** | **Organisation:** |
| **Phone:** | **Phone:** |
| **Relationship to you:** | **Relationship to you:** |

|  |  |
| --- | --- |
| **Emergency contact person:** | |
| **Name:** |  |
| **Phone:** |  |
| **Address:** |  |
| **Relationship:** |  |

|  |  |  |
| --- | --- | --- |
| **Checklist:** | | |
| **❑** | **I have attached my signed Volunteer Agreement** | |
| **❑** | **I have read and understand the Companion Animal Program Volunteer Position Description and CAP handbook** | |
| **❑** | **I would like to volunteer on an ongoing basis** | |
| **❑** | **I would ALSO like to help out in an emergency or short-term basis** | |
| **Signed:** | | **Date:** |

**Please return completed form and attachments within 2 weeks to:**

Selma Sali, Volunteer Coordinator, North Richmond Community Health Ltd, 23 Lennox Street, Richmond 3121

**Ph:** 9418 9893 **Fax:** 9428 2269 **Email:** [selmas@nrch.com.au](mailto:selmas@nrch.com.au) **Web:** [www.nrch.com.au](http://www.nrch.com.au)