

Volunteering at Berwick Animal Rescue Kennels – Shop – Over 16's

Thank you for enquiring about volunteering opportunities at the BARK Kennels.

We ask you to commit to one regular shift a week. Please be as flexible as you can in your availability as many of the slots may already be filled. Once you have committed to volunteering we would ask you to arrive on time, in suitable clothing. If for any reason you can not make your shift or you are going to be late, please give us as much notice as possible, in all events contact must be made by phone.

For your information here are some of the tasks you might be asked to do.

10 - 1 shift (Morning)

Some of the things you might be asked to do:

- Serve customers
- Receive donations from members of the public
- Deal with enquiries
- Sort items for sell
- Re-stock shelves
- Price items for sale
- Cleaning general areas

1 - 4 shift (Afternoon)

Some of the things you might be asked to do:

- Serve customers
- Receive donations from members of the public
- Deal with enquiries
- Sort items for sell
- Re-stock shelves
- Price items for sale
- Cleaning general areas

FREQUENTLY ASKED QUESTIONS

Can I bring my child/grandchild?

Sorry no, due to health and safety policies.

I only want to work in a certain area?

The needs of the shop are varied a flexible volunteer willing to work in all areas is an asset.

All application forms, referral questionnaires, health questions and any confidentiality agreements must be completed prior to commencing this role.

Berwick Animal Rescue Kennels
Volunteer Application Form (SHOP)

Post applied for:	Department:
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Confidential

1. PERSONAL DETAILS (BLOCK CAPITALS PLEASE)

Surname:	First Name:
Date of Birth:	Age:
Address:	
Post Code:	
Telephone No:	Mobile No:

2. REFERRING BODY (Additional Sheet to be completed by referring body)

Name of Referring Organisation:	Main Contact:
Address:	
Post Code:	
Telephone No:	Mobile No:

3. NEXT OF KIN DETAILS (*if applicant is under 18 this section must also be signed by next of kin as acknowledgement of application)

Name:	Relationship:
Signed:*	
Address:	
Post Code:	
Telephone No:	Work No:

4. Your Availability (Please tick as appropriate)

Mon	Tue	Wed	Thurs	Fri	Sat	Totally Flexible
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

* AM – 10^{AM} till 1^{PM} PM – 1^{PM} till 4^{PM}

5. Please tell us about any volunteering experience or any previous employment you have and whether there are any particular skills you would like to develop by volunteering with BARK.

6. **Information about visas** – If you are from the European Union, you are free to volunteer in the UK. For those outside the EU, you will need to check that your visa allows you to volunteer. We advise that you contact the UK Borders and Immigration Agency to find out.

7. **Rehabilitation of Offenders Act 1974.** Do you have any unspent criminal convictions or pending actions?
YES/NO

If yes please summarise details below

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8. You have a duty under the Criminal Justice and Court Services Act 2000 to disclose any criminal conviction involving children or if you are disqualified from working with children.

9. **MEDICAL CONDITIONS** - BARK welcomes volunteer applicants with all range of abilities for the skills they bring. We aim to create a positive environment that enables all volunteers to realise their full potential. So we can consider any appropriate adjustments to the volunteer environment and better support you in your role.– **Please complete Health Questionnaire**

FOR BARK USE ONLY

10. Document Checklist

Document		Description/Comments
Initial Interview		
Induction H & S		
Job Description		
Terms Issued		
Risk Assessment		
Exit interview		
Certificate of Attendance		

11. WORK DETAILS

Start Date:		Day:	
Term:		Hours:	
Supervisor:			
Duties:			

12. Comments

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Initial Assessment	Name:	Signed:	Date
Follow-up Assessment	Name:	Signed:	Date
Final Assessment	Name:	Signed:	Date

HEALTH QUESTIONNAIRE - VOLUNTEERS

Full Name of Volunteer:

Address.....

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Doctor's Name..... Tel No.....

Doctor's Address.....

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Referring organisation's Name:

(eg Social Services/School name etc please also fill in Referral Questionnaire)

Address.....

.....

Main ContactTel No.....

Are you in good health?Are you under treatment or attending hospital now?.....

Do you take any medication? YES/NO Give details.....

Have you at any time, or are you suffering from any of the following?

If 'YES' please give details

Arthritis or Lumbago YES/NO

Back problems (muscular) YES/NO

Backbone, tendon or joint disorders YES/NO

Bronchitis, asthma, hay fever or chest problems YES/NO

Depression, anxiety, nervous illness YES/NO

Diabetes, anaemia, blood infections YES/NO

Ear, nose, throat or glandular problems YES/NO

Fainting or Epileptic attacks YES/NO

Gastric or ulcer trouble YES/NO

Heart trouble YES/NO

Liver, kidney or bladder trouble YES/NO

Migraine or headaches YES/NO

Rheumatic fever or Rheumatism YES/NO

Skin disorders, e.g. Eczema, dermatitis YES/NO

Varicose veins or ruptures YES/NO

Do you suffer from frequent coughs or colds YES/NO

Have you good sight in each eye YES/NO
 (if necessary wearing glasses/lenses)

Do you wear glasses or contact lenses GLASSES/CONTACTS

Have you ever suffered from any type of repetitive strain injury (give details) YES/NO

Do you or have you ever suffered from any condition likely to be aggravated by lifting or manual handling activities (give details) YES/NO

Are you suffering from Hepatitis B or any viral blood disorders (give details) YES/NO

Have you had any illness or accidents in the last 2 years (give details) YES/NO

Are you allergic to any medication, e.g., penicillin, tetanus (give details) YES/NO

Do you suffer from any allergies (give details) YES/NO

Do you need any special aids or adaptations to assist you during your voluntary work. If yes please give details below YES/NO

I declare that, to the best of my knowledge, the above answers are true and correct

Signature.....Date

BERWICK ANIMAL RESCUE KENNELS –
REFERRAL QUESTIONNAIRE

Referring organisation's Name:

Address.....

.....

Main ContactTel No.....

Full Name of Volunteer.....

Address.....

.....

Doctor's Name..... Tel No.....

Doctor's Address.....

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If yes please give details

Is the applicant classed as a vulnerable adult? YES/NO

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Would support be given to the applicant from the referring organisation? YES/NO

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Will any additional support be required? YES/NO

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Under the rehabilitation of Offenders Act 1974, does the applicant have any unspent criminal convictions? YES/NO

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Has the applicant ever been investigated for fraud of theft. YES/NO

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Is there any disciplinary action outstanding against the applicant YES/NO

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I declare that, to the best of my knowledge, the above answers are true and correct.

Signed..... Date.....