



# NRAS

Northern Rivers Animal Services

**Please return to NRAS at:**

Shelter – 61 Piper Drive, Ballina

Op Shop – 268 River Street or via email:

[shelter@nras.org.au](mailto:shelter@nras.org.au) or [opshop@nras.org.au](mailto:opshop@nras.org.au)

**Office Use ONLY:**

**Date**

**NRAS Manager**

Application Received

Interviewed

Reference / ID Check

Commencement

**Membership**

Additional Donation

**Role:**

**\$2.00 - PAID**

**YES**

**NO**

**\$**

Email to Treasurer for RECEIPT

## Northern Rivers Animal Services (NRAS) **Volunteer Application**

### Contact Information

<b>Title</b>		<b>Surname</b>	
<b>First Name/s</b>		<b>Preferred Name</b>	
<b>Street Address</b>			
<b>Suburb</b>		<b>Postcode</b>	
<b>Mobile</b>		<b>Work/Home</b>	
<b>Email</b>			
<b>Preferred contact</b>	<input type="checkbox"/> Mobile	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Email

### Personal Information

- Volunteers are accepted from age **12 years (ONLY at Adoption Days and other events)** provided a **parent/guardian accompanies them at all times** and has co-signed the Volunteer AGREEMENT.
- Volunteers **must be over 16 years** to volunteer independently.
- Volunteers **over 85 years** should be aware that they are not covered by NRAS insurance.

<b>Date of Birth:</b> ____/____/____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say
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To drive the NRAS van a copy of your Driver Licence to be provided and volunteers must be ...

- over 25 years
- have a **minimum of 2 year's driving experience**
- must **advise any driving offences** that could jeopardise NRAS's insurance or increase its excess in the event of an accident.

<b>Drivers Licence No.</b> #_____	<b>NSW Working with Children Check</b> <i>If applicable</i> #_____	<b>Centrelink CRN #</b> _____ Are you required to fulfil <b>x</b> _____ <b>hours</b> per week for Centrelink?
<b>Health Conditions / Allergies</b>  Diabetes (Insulin) / Epipen, etc. Health Plan Provided <input type="checkbox"/>	<b>Convicted of any Offence</b> <i>Animal Cruelty / Other</i> Offence: _____ Date: _____	<b>Tetanus Vaccination</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>NRAS will not be liable for any health or damages because of <u>non-vaccination</u></b>

### Skills & Interests

Please outline below the **skills and abilities** you would bring to **NRAS** as a volunteer. Include any **special skills** and qualifications acquired from employment, previous volunteer work, or through other activities, including hobbies or sports that could be applied to assist with NRAS projects. Eg. writing submissions, social media, retail, management, marketing, etc.

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Please indicate only the areas that interest you.

<input type="checkbox"/> <b>Admin/Office</b>	<input type="checkbox"/> <b>Driving /Deliveries</b>	<input type="checkbox"/> <b>Events</b>	<input type="checkbox"/> <b>Fostering</b>
<input type="checkbox"/> <b>Gardening</b>	<input type="checkbox"/> <b>Maintenance</b>	<input type="checkbox"/> <b>Retail</b>	<input type="checkbox"/> <b>Shelter</b>
<input type="checkbox"/> <b>Other</b> (please list):			

## Availability

What **days / hours are you available** to volunteer?

Weekend availability for NRAS could be to work at the Op Shop (Saturday), assist with Adoption Days (Saturday), other events or working with animals that are housed at the shelter, (eg. feeding, walking, cleaning).

<b>Monday</b>	Hours:	<b>Friday</b>	Hours:
<b>Tuesday</b>	Hours:	<b>Saturday</b>	Hours:
<b>Wednesday</b>	Hours:	<b>Sunday</b>	Hours:
<b>Thursday</b>	Hours:		

## Volunteer Experience

Have you been involved with **Northern Rivers Animal Services** or another volunteer group previously?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name of Organisation:
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## Training Opportunities

If NRAS was to offer additional **training opportunities**, WHAT skills (relevant to volunteering at NRAS) would you be interested in – eg. Dog Training, Pet First Aid, Bottle feeding

<b>Training Opportunities:</b>
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## Person to Notify in Case of Emergency

<b>Name</b>			
<b>Relationship</b>		<b>Contact Number</b>	

## Volunteer Agreement & Signature

I hereby apply for volunteer work with the **Northern Rivers Animal Services**. I agree to work in accordance with the position description and the organisation's guidelines. I agree to maintain confidentiality. I understand that **Northern Rivers Animals Services** may change or cancel any part of its volunteer program or agreement with volunteers, as it sees fit and therefore may no longer require my services.

<b>Name</b>		<b>Date:</b>
<b>Signature</b>		
<b>Parent / Guardian</b> <i>If applicant is under 18 years</i>		<b>Date:</b>
<b>Signature</b>		
<b>I have been advised that <b>OVER 85 years old</b> I am not covered by NRAS' insurance</b>		<input type="checkbox"/> Yes

## Membership Subscription

An annual **Membership Subscription** of **\$2.00** assists us to maintain our "Charitable Status" with the ACNC (Australian Charities and Not-for-Profit Commission) and gives you the opportunity to vote at the Annual General Meeting or Extraordinary General Meeting on activities requiring Member consent and/or Nominate for a Committee position.

Do you wish to become a Member ...  **Yes** *(complete payment details on top of page 1)*

## Our Promise

Thank you for your application. Your personal information will be kept in confidence.