# Northern Rivers Animal Services (NRAS) Volunteer Application

## Contact Information

|  |  |  |
| --- | --- | --- |
| **Title** |  | **Surname** |
| **First Name/s** |  | **Preferred Name** |  |
| **Street Address** |  |
| **Suburb** |  | **Postcode** |  |
| **Mobile** |  | **Work/Home** |  |
| **Email** |  |
| **Preferred contact** | □ Mobile | □ Home Phone | □ Email |

## Personal Information

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| * 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 18 years** to volunteer independently.
* Volunteers over 85 years should be aware that they are not covered by NRAS insurance.
 |
|  **Date of Birth** **\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_** | **Gender** |
| □ Male | □ Female | □ Other | □ Prefer not to say |
|  To drive the NRAS van 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
 |
|  **Drivers Licence No.** |  **NSW Working with Children Check** |  **Centrelink CRN** #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Are you required to fulfil **x \_\_\_\_\_\_\_ hours**  per week for Centrelink? |
| **Health Conditions / Allergies** | **Convicted of any Offence** |  **Tetanus Vaccination** |
| *Diabetes (Insulin) / Epipen, etc.*Health Plan Provided □ | *Animal Cruelty / Other* |  Yes □ |  No □ |
| Offence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  NRAS will not be liable for any  health or damages because of non- vaccination |

## 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **□ Admin/Office** | **□ Driving /Deliveries** | **□ Events** | **□ Fostering** |
| **□ Gardening** | **□ Maintenance** | **□ Retail** | **□ Shelter** |
| **□ Other** (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).*

|  |  |  |  |
| --- | --- | --- | --- |
| **Monday** | Hours: | **Friday** | Hours: |
| **Tuesday** | Hours: | **Saturday** | Hours: |
| **Wednesday** | Hours: | **Sunday** | Hours: |
| **Thursday** | Hours: |  |  |

## Volunteer Experience

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

|  |  |  |
| --- | --- | --- |
| □ Yes | □ No | Name of Organisation: |

##  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

|  |
| --- |
| **Training Opportunities:** |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship** |  | **Contact Number** |  |

##  References

Please specify **two referees** for us to contact (one must be a professional referee):

|  |  |  |
| --- | --- | --- |
|  | **Professional referee** | **Personal referee** |
| **Name** |  |  |
| **Organisation** |  |  |
| **Relationship** |  |  |
| **Contact Number** |  |  |

##  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.

|  |  |  |
| --- | --- | --- |
| **Name** |  | **Date:** |
| **Signature** |  |
| **Parent / Guardian***If applicant is under 18 years* |  | **Date:** |
| **Signature** |  |
| **I have been advised that OVER 85 years old I am not covered by NRAS’ insurance** | □ Yes |

##  Our Promise

Thank you for completing this application and for your interest in volunteering with us.

**Northern Rivers Animal Services** values its relationship with you and will keep personal information in confidence.

**Please return to NRAS at**: PO Box 447, Ballina NSW 2478;

drop off at the Shelter – 61 Piper Drive, Ballina

Op Shop – 268 River Street or via email: nras@live.com.au