



Volunteer *Rescuer / *Ambulance Driver Details Form

*delete as appropriate

Personal Details

Title: *Mr/Mrs/Miss/Ms*

Forename:

Surname:

Address:

Post code:

Telephone Number:

Mobile Number:

Email Address:

Date of Birth:

Do you have a clean current driving licence?

Are you willing to come to the Hospital for further training during weekday daytimes?

Are you willing to use your own vehicles for transporting animals?

What vehicle do you use?

Do you work? If so, what hours?

Rescuers/Ambulance drivers may be called out during evenings, weekends and nights. Would you be available? **Yes / No**

Employment Details

Current Employer:

Company:

Address:

Dates:

Job Title:

Duties:

Hours:

Animal & Charity Work

Please detail any relevant experience of working with animals or charity involvement:

Relevant Medical Details

Tetanus is a serious bacterial infection that can be spread by animal bites. Accordingly, and given that working in close proximity to and handling animals is an intrinsic function of the job for which you have applied, it is very important that your tetanus vaccination (which lasts for ten years) is up to date. Please confirm below whether this is the case.

Yes _____ No _____ Date of Last Vaccination: _____

The work can be very active and involves bending and lifting. In particular, lifting and handling animals and heavy items such as bags of feed and bedding materials and cleaning cages at different heights are intrinsic functions of the role for which you have applied.

Please indicate below whether you have any medical condition(s) which may prevent you from carrying out these intrinsic functions, e.g. bad back.

Please also indicate if you consider that there are any reasonable adjustments which could be made to allow you to carry out these intrinsic functions, notwithstanding your medical condition(s).

Medical Condition:

Reasonable Adjustment Required:

The work involves working with lots of different species of animals, handling feed and bedding materials such as hay and straw and cleaning cages with appropriate chemical substances; all of which are intrinsic functions for the job. Latex gloves are also usually worn by our staff.

Please indicate below whether you have any medical condition or any phobia or allergies that may be relevant to this position.

Please also indicate if you consider that there are any reasonable adjustments which could be made to allow you to carry out these intrinsic functions, notwithstanding your medical condition, phobia or allergy.

Medical Condition/Phobia/Allergy:

Reasonable Adjustment Required:

Emergency Contact Name:

Contact Number:

Doctor's Name:

Telephone Number:

Leisure Time

Hobbies/leisure interests

Do you support Hunting / shooting / falconry?

How did you come to hear about Tiggywinkles?

Any other information you would like to give that you feel is relevant to this voluntary position

I declare that the information given is correct.

Signed:

Date:

The information on this form will be stored on the Tiggywinkles database to be used only by Personnel, Team Leaders and Nursing staff. Please tick this box if you do not give your consent

Please complete this form and send to:

**Mrs Helen Harvey
Tiggywinkles,
Aston Road,
Haddenham,
Bucks HP17 8AF**

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mail@sttiggywinkles.org.uk www.tiggywinkles.com



Help Us Help Them

Office Use Only		
Start Date:	Area:	
Process	Date Completed	Completed By
Informed Rescuer Trainer of Start Date		
Personnel Database updated		
Induction paperwork received		
Finish Date		
Personnel Database updated		