Rabbit fosterer volunteer application form



Surname:	First Name:		
Address:			
Daytime telephone no.:	Mobile telephone no.:		
Email address:			
I am over 18 years old O			
How did you hear about the opportunity to be a BCDH volunteer? Tick all that apply			
1. BCDH website			
2. Newspaper (please specify)			
3. Volunteer Centre/CVS			
4. Personal recommendation			
5. Other (please specify)			
	dth height depth		
O I have a run. Size of run (approx) w	idth length		
Are the hutch and run connected for the rabbit to have free access? OYes O No			
Can the rabbit be kept indoors in your house as a house rabbit? O Yes O No			
Do you have your own transport? O Yes O No			

Tell us briefly about any experience you have caring for rabbits.		
Tell us briefly why you would like to be a BCDH volunteer.		
Criminal Convictions		
Do you have any unspent criminal convictions?		
Yes O No O		
If you have ticked yes please give details below:		
Details of our policy on working with volunteers with criminal records is available from the Vol. Coordinator		
Data Protection Act		
Please sign below to give permission for BCDH to store the information on this application form. Full details of the BCDH policy on data protection relating to information on volunteers is available from the Volunteer Coordinator		
SIGNATURE DATE		
Thank you for your interest in BCDH		
OFFICE USE ONLY Input on DE O TO Sout O Comments:		
OFFICE USE ONLY Input on RE O TQ Sent O Comments:		

Equal Opportunities Monitoring Form - Confidential

Please return this form with your completed application form. It will be separated from your application before short-listing and is not used when making a decision as to whether to invite you for interview. It is used purely for monitoring purposes.

75+

Gender (please circle)	Female	Male
Age (please circle)		45 - 54
	18 – 24	55 – 64
	25 – 34	65 – 74

Ethnic Group

(Please indicate with a tick which ethnic group you belong to)

35 - 44

White Black-Caribbean Black-African Black-other

Indian Pakistani Bangladeshi Chinese

Irish Other

Do you have a disability? (please circle) Yes No

Are you registered disabled? (please circle) Yes No

Thank you for completing this application pack.

Please return it to the address below:

Volunteer Co-ordinator
Bath Cats and Dogs Home
The Avenue
Claverton Down
Bath
BA2 7AZ