

Thank you for your expression of interest to volunteer at Animal Protection Society of WA (APS).

Please complete this entire form so it can be forwarded to the relevant person within APS.

Due to an excessively large number of applicants who have applied to volunteer, attended an induction, but then failed to come back or due to a substantial amount of administration required for certain volunteer placements, we now ask for the following information from all potential new volunteers.

Name:	Title / Pronouns:
Residential Address:	
Email Address:	
Contact Phone Number:	
Age: <i>Please note due to Insurance restrictions, we are unable to accept anyone under 16 yrs.</i>	

Do you require a support person to accompany you?	Yes:	No:
Have you been into APS and had a look around with a Shift Supervisor?	Yes:	No:

If your above answer is **No**, please visit APS any day Monday-Sunday between 12-2pm. Once you have visited APS and been shown around, please complete the rest of this form.

Date visited APS?	/ /	Name of the person who showed you around?	
--------------------------	-----	--	--

In which area would you like to volunteer?

Cats		Dogs		Reception		Maintenance/Gardens	
-------------	--	-------------	--	------------------	--	----------------------------	--

Which days of the week and how many hours could you volunteer each day, please note these by entering a start and finish time and total hours under the day/s you can volunteer?

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start							
Finish							
Total							

	Weekly	Fortnightly	Monthly	Other
How often can you complete these hours				

Do any of the following statements apply to you?

I am required to complete volunteer hours as a Course Requirement.	Yes:	No:
--	-------------	------------

If you answer Yes above, please complete the following information?

Course:

School, TAFE or Uni name:			
Volunteer hours required:	APS Reference required:	Yes:	No:

I am part of a Work for the Dole, Newstart or Community Program.	Yes:	No:
--	-------------	------------

If you answered Yes above, please complete the following information.

Name of your Work for the Dole Supervisor:		
Supervisor Email Address:		
Supervisor Phone Number:	Number of volunteer hours required per week:	

I am recovering from an injury/illness and getting ready to re-join the workforce and as part of the process I am required to perform volunteer hours.	Yes:	No:
--	-------------	------------

If you answered Yes above please complete the following information.

Please outline the nature of the injury/illness to enable us to ensure we have a suitable role.

I am a Care Giver for a Client who would like to visit APS and interact with the animals.	Yes:	No:
---	-------------	------------

If you answered Yes above please complete the following information.

Name of your employer:		
Are you prepared to attend an Induction at APS with your client?	Yes:	No:

None of the above apply to me, I would just like to be able to volunteer and spend time with the animals and can commit to a regular shift. (Minimum of five (5) hours)	Yes:	No:
---	-------------	------------

APS is always looking for new Volunteers. Due to a number of required policies and procedures, we ask that any new volunteers can commit to attend a regular shift where you can become part of our Team. On completion and return of this questionnaire form, your form will be forwarded to the APS Induction Co-Ordinator who will contact you shortly.

Please return this completed information to: info@apswa.asn.au

Signature: _____

Date: _____