

Lower Moss Wood Educational Nature Reserve & Wildlife Hospital

Volunteer Application and Information Form

Full Name:		Date of Birth*:
Full Address:		
		Postcode:
Telephone:	Landline:	Mobile:
E-mail:		
<p>EXPERIENCE: Please explain why you would like to become volunteer at Lower Moss Wood Wildlife Hospital and describe any experience you may have of caring for or handling animals.</p>		
Please indicate your preferred volunteering days/times:		
Day	Morning	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
<p>If you are only available to volunteer for a short period of time please indicate the period you envisage being available (this will help us plan staffing levels):</p>		
<p>HEALTH: Please tell us about any health conditions/allergies/behavioural issues <u>or anything that you think we need to be aware of</u>. <i>(Please note, this information is for health and safety/first aid purposes only, and will not be used to make a decision on your suitability as a volunteer).</i></p>		
<p><i>Note: should your application be successful we advise you to ensure that your tetanus vaccination is up to date. If you wish to work with bats, you need to ensure you are vaccinated against rabies.</i></p>		

Emergency contact	
Name	
Landline number	
Mobile number	
Please email the completed form to: hospital@lowermosswood.com	

**Please note: due to the nature of the work, the minimum age for volunteers is 14 years old, and volunteers/students under the age of 16 need to be accompanied by a parent/guardian or another appropriate adult.*