|  |  |
| --- | --- |
|  | Crocodiles of the World |

# Expression of Interest – Volunteer roles

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | D.O.B.: |   |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address |   |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | County | Post Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |   |
|  |  |
| Emergency Contact Details:  |  |
|  |  |
| Current Employment/Education: |  |

 *Position & Organisation Full or Part Time*

## Education

|  |  |
| --- | --- |
| Highest Level attained: |  |
| Course: |  |
| Level of study & year: |  |

## Health

|  |  |  |
| --- | --- | --- |
| Do you have any medical conditions affecting your mobility?  | YES[ ]  | NO[ ]  |

|  |  |  |
| --- | --- | --- |
| Are you currently taking any prescription medication? |  [ ]  |  [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you suffer from any allergies (grasses, pollens, fur, feathers, latex, etc)?  | [ ]  |  [ ]  |  |
|  |  |  |  |
| Do you suffer from dermatitis, asthma, eczema? | [ ]  |  [ ]  |  |
|  |  |  |  |
| Have you been vaccinated against tetanus? |  [ ]  | [ ]  |  |
|  |  |  |  |
| Do you suffer from any other medical condition we should know about? | [ ]  | [ ]  |  |

|  |  |
| --- | --- |
| If yes, details: |  |
|  |  |

Volunteering in a zoo often requires physical activity that includes heavy lifting, carrying cleaning equipment and feed supplies, lots of walking, as well as other activities such as talking with visitors, and using technology (eg. Computers). We also operate in warm-to-hot buildings that are maintained at tropical temperatures. We need to know if there is any reason why you may have difficulty in such conditions:

Click or tap here to enter text.

## Hobbies and Interests

What are your main hobbies and interests?

Click or tap here to enter text.

Why do you wish to Volunteer at Crocodiles of the World?

Click or tap here to enter text.

## Department of Interest

Which Department would you be able to help in: Click or tap here to enter text.

*(Please choose from: Animal Team; Visitor Engagement; Café Team; Education Team; Maintenance Team)*

*The various Role descriptions are available on our website.*

When would you be available to start? : Click or tap to enter a date.

Is there a specific period or only certain days you would be available to help? (please also specify AM or PM)

Click or tap here to enter text.

## Disclaimer and Signature

I understand that volunteering does not guarantee me a job at Crocodiles of the World.

I am over 18 years of age.

I consent to a DBS check being carried out if deemed necessary for the Volunteer role.

I certify that my answers are true and complete to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |   |

## Office use only

|  |  |  |
| --- | --- | --- |
| *Accepted* | *Declined* | *Start Date:*  |

Please return this form to the Education Department at Crocodiles of the World:

e: education@crocodilesoftheworld.co.uk

p: Crocodiles of the World, Burford Road, Brize Norton, OX18 3NX