

For enquiries relating to this application please email:
workexperience@pwpark.com



PARADISE WILDLIFE PARK

White Stubbs Lane, Broxbourne, Herts, EN10 7QA
Tel. 01992 470490 Fax 01992 440525

VOLUNTEER APPLICATION FORM

PERSONAL DETAILS

NAME(Mr/Mrs/Miss/Ms)

ADDRESS

..... POSTCODE

TELEPHONE MOBILE

DATE OF BIRTH AGE

Must be over 18 years

MARITAL STATUS EMAIL

ETHNIC ORIGIN (To be used for purposes of Equal Opportunities monitoring)

Nationality

White Black African Black Caribbean Black Other Asian Oriental Other

NEXT OF KIN RELATIONSHIP

TELEPHONE NUMBER

CURRENT UK DRIVING LICENCE YES / NO

DRIVING CONVICTIONS YES / NO

HEALTH Do you suffer from any long term medical conditions YES / NO

Are you currently taking any regular medication YES / NO

Are you aware of any allergies, which could be aggravated by

working with animals or plants YES / NO

Do you have a current tetanus vaccination YES / NO

If you have answered YES to any of the above, please provide details

Data Protection Act

If your application were not successful, would you like this form to be kept on file for one year?

YES / NO

Previous Voluntary Work

Name and Address of Organisation		
Duties Performed		
Dates	From	To
Reason for Leaving		

Strictly Confidential

Due to the nature of our business we are responsible for the well being of our animals, members of the general public, fellow members of staff and many children, on and off site. Therefore we will need to request references and Criminal Record Bureau checks on you.

Do you give your consent to this? YES/NO

Have you ever been convicted by the courts, cautioned, reprimanded or given a warning by the police and/or had allegations made against you? YES/NO

(as the Rehabilitation of Offenders exemption order 1975 applies you must disclose convictions regarded as spent by under the Rehabilitation of Offenders Act 1974)

If Yes, please give details of offences, penalties and dates:

.....

References

Name	Name
Address	Address
Position	Position
Telephone	Telephone
May we contact now YES / NO	May we contact now YES / NO

To the best of my knowledge, the information given on this form is true and comprehensive. Should I accept the volunteer agreement, I understand that it will be on the basis that the truthful completion of this form constitutes part of the terms of that agreement. Please attach a small photograph of your self for security reasons.

Name..... Signature..... Date.....

References received	1	2	
Trial Day offered:	date		Health & Safety book read & signed
Code of conduct:	date		date