Volunteer Expression of Interest



Thank you for your interest in volunteering for Blue Cross Animals Society of Victoria's Dog Enrichment Program.

Please note, applicants must be over the age of 18, and able to commit to the specific requirements outlined in the role description.

Applicants must have had a tetanus vaccination within the last 5 years and provide a certificate.

PERSONAL CONTACT INFORMATION				
First Name:	Surname:			
Street Address:	Suburb/Postcode:			
Home Phone:	Mobile Phone:			
Email Address:	DOB & Age:			
Best Way to Contact:	Other:			
Have you worked or volunteered in animal v Details: Do you currently volunteer for another orga				
If yes, whom?	_			
Why are you interested in volunteering for E	Blue Cross Animals Society of Victoria?			
Briefly outline your experience with dogs.				

Please advise your availability and preferences

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
11am – 1pm							

Will you be able to commit to this timeslot for a 6-month period? Yes ☐ No ☐					
Declaration					
I understand that by s	igning this form. Lam eypressing				
I, understand that by s my interest in volunteering with Blue Cross Animals Society of Victoria. All correct to the best of my knowledge. This information is collected solely for suitability as a Volunteer and will be kept accordance to the Blue Cross An privacy policy.	the purpose of determining my				
Signature: Date:					
Full Name Printed					
Checklist					
☐ I have completed the Volunteer Expression of Interest in full					
☐ I have attached a copy of my Photo ID (e.g. Licence)					
☐ I have attached a copy of my resume (optional)					

Please note: Volunteers who work directly with shelter animals will be exposed to dog and cat hair; cleaning chemicals; pet foods with preservatives; lively animal activity; and other potential hazards. Some lifting and labour may occasionally be asked of Volunteers.