**Section A – Personal Details**

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| Name: |  |
| Address:  |  |
| Mobile number: | Email address: |

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| Volunteers will be sharing accommodation and therefore we need to know your -* **Date of birth –** all seasonal volunteers must be over the age of 18
* **Gender –** as volunteers will share same gender bedrooms

If you wish to discuss this further with a member of staff please contact volunteer@cbmwc.org  |
| Date of birth:  | Male [ ]  Female [ ]  Non-Binary [ ]  Prefer not to say [ ]  |

|  |  |  |
| --- | --- | --- |
| Emergency Contact Name: | Relationship to you: | Mobile phone number: |
| Contact telephone number: | Contact address: |
| Additional emergency contact information: |  |
| **PERMISSIONS –** to be signed by the above emergency contact We will hold the above data to contact you in case of an emergency. This data will be held for as long as the individual you are an emergency contact for, volunteers at CBMWC. The data will be destroyed should the volunteer cease their commitment. I consent to my personal date being held by WTSWW for the reasons and duration listed above. Signed: ……………………………………………………………………………… Date: ………………………… |

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| Have you had an up to date Tetanus Injection within the last ten years? Yes [ ]  No [ ]  |
| Do you have any physical or medical conditions, or any medication that we may need to be aware of? |  |
| Have you any relevant qualifications that may be beneficial for your volunteer role (e.g. up to date First Aid certificate)? |  |
| Are you a Welsh speaker - Yes [ ]  No [ ]   |
| If English is not your native language, how well do you speak & write it?Basic [ ]  Competent [ ]  Fluent [ ]  |
| Do you hold a full driving license? Yes [ ]  No [ ]   | Will you have access to a vehicle during your volunteer placement? Yes [ ]  No [ ]   |

**Section B – Availability**

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| Please write down your period/s of availability according to the block dates. Priority will be given to those who can volunteer for more than one block: * **Block 1 –** 20th March – 24th April (5 weeks)  [ ]
* **Block 2 –** 24th April – 5th June (6 weeks)  [ ]
* **Block 3** **–** 6th June – 3rd July (4 weeks)  [ ]
* **Block 4** **–** 3rd July – 4th September (9 weeks)  [ ]
* **Block 5 –** 4th September – 6th November (9 weeks) [ ]
* **All blocks** [ ]

Please note that we will organise your days off upon your arrival. |
| Please use this section to indicate the number of blocks you can actually volunteer for and if you have a preference. e.g. you have ticked 1 and 2 but can only volunteer for one block and would prefer block 2  |
| Please indicate any dates that you know you will not be available to volunteer, e.g. graduation dates, medical appointments.  |

**Section C – Placements and Student Projects**

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| Are you volunteering as part of a college/university placement? Yes [ ]  No [ ]  |
| Please indicate how many hours you must complete as part of the placement and any additional work that either yourself or staff will need to do as part of the placement/project -  |

**Section D – Skills & Interests**

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| Educational qualifications (please list): |
| Current employment status (e.g. employed or student – please give details): |
| Why are you interested in volunteering at the CBMWC? |

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| --- |
| Please provide details of your skills and experience (if any) in the following areas. You may include examples from paid and voluntary work, educational experiences, community activities or leisure pursuits. Please provide as much detail as possible.  |
| **Research/Surveying** **Processing Data** **Engaging with the public/educational Work** **Communication skills:** **Working in a team****Working unsupervised:** |
| Please use this section to outline any other skills or experience you have and that you feel are relevant to the volunteer role. |
| How/where did you find out about volunteering at the CBMWC? |

**Section F – References**

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| **Please provide details of two referees who can comment on your experience and suitability for this role (these must not be friends or relatives).**Name: Name:Occupation: Occupation:Telephone: Telephone:Email: Email:Address: Address: |

**Section G – Declaration**

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| The Cardigan Bay Marine Wildlife Centre (CBMWC) uses your personal data (from your volunteer application form) to place you in the most suitable volunteer role, to coordinate volunteers and in case of accidents or medical emergencies. Please sign below if you consent to us holding this information. If you are the parent/guardian of the above applicant then please sign to confirm you consent to CBMWC holding this information. Signed: …………………………………………………………... Date: ……………………………………..If sending electronically you will be asked to sign this upon arrival. |
| **\* please note a Criminal Record Bureau Check will be required wherever work with children is involved** |