



NEWQUAY ZOO VOLUNTEER INTEREST FORM

Please complete in BLOCK CAPITALS

Please note: Due to the volume of applications we receive we are only able to contact you if you are shortlisted. If you are shortlisted from your interest form you will be invited to an informal discussion on volunteering.

Title: (Please circle to choose) Mr / Mrs / Ms / Miss / Other (please state if 'other' circled):

Name.....

Address.....

Post Code..... Phone Number.....

Email..... Mobile Phone Number.....

Date of Birth.....

DO YOU HAVE A SKILL, HOBBY OR SPECIAL INTEREST THAT MIGHT BE OF VALUE TO OUR ORGANISATION?
E.G. IT LITERATE, ARTIST, PUBLIC SPEAKING:

.....
.....

ARE YOU A MEMBER OF ANY ANIMAL/CONSERVATION ORGANISATIONS?

(GIVE DETAILS)

WHEN WAS THE LAST TIME YOU VISITED NEWQUAY ZOO?

HOW DO YOU FEEL ABOUT ZOOS AND AQUARIUMS?

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PLEASE LIST PREVIOUS AND / OR CURRENT VOLUNTEER EXPERIENCE

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HOW DID YOU BECOME AWARE OF THE VOLUNTEER PROGRAMME?

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NEWQUAY ZOO IS OPEN SEVEN DAYS A WEEK.

PLEASE CIRCLE OR HIGHLIGHT THE DAYS THAT YOU WOULD BE ABLE TO VOLUNTEER.

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

Please read the volunteer role descriptions available at
www.newquayzoo.org.uk/support-us/volunteer/volunteer-roles

or in the Volunteering Folder at Reception in the main building at the Zoo and write the names of the voluntary role/s (**maximum of 3 roles to help with our shortlisting**) you are interested in:

Volunteer Role One	
Volunteer Role Two	
Volunteer Role Three	

REFERENCES: Please list two referees who may be contacted to provide a reference for you. These references will be taken up if you are successful at your informal discussion and both references must be returned successfully before your induction is arranged and you begin your volunteering with us.

Name:	Name:
Address:	Address:
Postcode:	Postcode:
Email address:	Email address:

HAVE YOU ANY CONVICTIONS (other than spent convictions under the Rehabilitation of Offenders Act 1974)? YES NO

DO YOU HAVE ANY MEDICAL ISSUES THAT WE SHOULD BE MADE AWARE OF? YES NO

(GIVE DETAILS).....

EMERGENCY CONTACT NAME.....

PHONE No..... RELATIONSHIP TO YOU.....

I understand that the information I have provided may be verified, if necessary, by contacting persons or organisations named in this application. In signing this interest form, I have agreed that if I am selected to become a volunteer I will be guided by the rules and regulations of Newquay Zoo. I confirm that the information I have given on this form is true and correct.

Signature..... Date

Please return **by hand** to the main entrance / Reception at Newquay Zoo
or **by post** to Volunteers' Department, Newquay Zoo, Trenance Gardens, Newquay, Cornwall TR7 2LZ
Alternatively you can register your interest online at www.newquayzoo.org.uk/support-us/volunteer