



# Volunteer Form.

**Please read:** Thank you for offering to volunteer with East Sussex WRAS. Please fill out the following details. East Sussex WRAS is a small charity and depending on the number of offers of help it may take a while to contact each volunteers. Please do not be offended if you do not here from us straight away, this is not because we do not want your help but more to do with how busy we are responding to casualties and trying to bring volunteers onboard at the same time. Please be patient with us.

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Age Under 18 [ (Enter Age) \_\_\_\_\_ ] 18 or over [ (Please tick)  ] If you drive a Vehicle what type is it: \_\_\_\_\_

Working Status: Full Time [  ] Part Time [  ] Semi Retired [  ] Retired [  ]  
Student [  ] House wife/husband [  ] Early Retirement [  ]

Are you currently looking for work? Yes / No If Yes, are you expecting to stop volunteering? Yes / No.

Are you likely to move out of the area within the next 12 months? Yes / No

Are you about to go on holiday? If Yes give details: \_\_\_\_\_

Are you about to go into hospital, and need time off? Yes / No

Do you have any illness or disability you wish to make us aware of? Yes / No \_\_\_\_\_

Do you have your own car / vehicle? Yes / No Do you have a full driving licence? Yes / No

Previous Experience of working with animals (if any): \_\_\_\_\_

\_\_\_\_\_

Please Initial to acknowledge the following...

- 1) I acknowledge my responsibilities under the Animal Welfare Act to give two weeks notice if unable to attend my shift or to contact WRAS prior to my shift is ill and unable to attend. \_\_\_\_\_
- 2) I acknowledge that generally wildlife casualties are frightened of humans and that when dealing with wildlife you need to be hands off unlike with domestic animals where you can be very hands on, and that the voluntary work undertake by WRAS is not expected to be all cute and cuddly and that I am not joining as a volunteer just because I want to stroke or handle wildlife. \_\_\_\_\_
- 3) I acknowledge the need for team work and communication and will work with a positive attitude and in such a way as to promote a good volunteering environment. \_\_\_\_\_
- 4) I have read the WRAS Volunteering Document and understand the nature of the volunteering and feel I am physically fit enough and reliable enough to want to volunteer long term for WRAS. \_\_\_\_\_

Please list two current or previous organisations in which you have volunteered (if any)?

Have you ever been arrested or convicted of any offences relating to animals? **Yes / No** \* \* Please delete as application.

Organisation:	When and for how long?	Can we contact them for a reference? If Yes, please give contact details.

Have you ever been arrested or convicted for any child protection offences? **Yes / No \***

Do you work for or are a member/supporter of any other organisation which has policies or activities which conflict with that of East Sussex WRAS's objectives, or the protection and humane rights of animals, birds, reptiles or amphibians? **Yes / No \***

Are you willing for us to obtain a CRB check? **Yes / No \***

**Volunteer Interest:**

(Please state availability for  
Roles you are interested in)

Feed & Clean Shift \_\_\_\_\_

Rescuer \_\_\_\_\_

Orphan rearing Team \_\_\_\_\_

Events / Fundraising \_\_\_\_\_

DIY / Maintenance \_\_\_\_\_

Other: \_\_\_\_\_

**Vaccinations:** Please tick if you have up-to-date vaccinations for: Tetanus [ ] Rabies [ ]  
(It is not essential to have a Rabies vaccination, but it is important to have your tetanus up-to-date.)

**WRAS VOLUNTEER AGREEMENT**

Volunteers are an important and valued part of WRAS. We hope that you enjoy volunteering with us and feel a full part of our team.

This agreement tells you what you can expect from us, and what we expect from you. It is not a contract of employment and we agree that you wish to provide your services voluntarily to benefit WRAS and the wildlife in East Sussex. We aim to be flexible, so please let us know if you would like to make any changes to your role and we will do our best to accommodate those changes whenever possible.

We, WRAS, will do our best:

- to introduce you to how the organisation works and your role in it and to provide any training you need in order to fulfil your role as a volunteer for WRAS
- to ensure that either the Manager Trevor Weeks, Assistant Managers Kate Cuddis and Lindsey Redfern or Volunteer Co-ordinator Kathy Martyn see you on a regular basis to give you opportunity to discuss any problems
- to respect your skills, dignity and individual wishes and to do our best to meet them
- to pay vehicle mileage expenses at 25p per mile if we ask you to undertake wildlife rescues or transportation of wildlife casualties and you request in advance that they be reimbursed
- to consult with you and keep you informed of possible changes
- to provide a safe workplace
- to apply our equal opportunities policy

We, WRAS, hope that you will do your best:

- to work reliably to the best of your ability, and to give WRAS at least two weeks notice if you need time off or are leaving, and as much warning as possible if you are ill and may not be able to make your shift
- to undertake all the training WRAS offers for your role as a volunteer
- to follow WRAS' rules and procedures, including health and safety, equal opportunities and confidentiality.
- to accurately record your vehicle mileage used in transporting wildlife casualties and wildlife rescues in order for WRAS to reimburse your mileage expenses
- to obtain a tetanus injection before starting as a volunteer for WRAS and to keep your tetanus booster up to date.
- to inform WRAS immediately if there is any medical reason why you cannot volunteer your services in your current role.

You may volunteer as many or as little hours as you wish. If you want to suspend or end your volunteering with WRAS you are able to do so whenever you wish but we ask that you return any WRAS rescue equipment immediately so that other WRAS volunteers can use the WRAS equipment.

# **WAIVER OF LIABILITY** **EAST SUSSEX WILDLIFE RESCUE AND AMBULANCE SERVICE**

PLEASE READ THE FOLLOWING CAREFULLY. If you have any questions have them answered before you sign this document.

I desire to work as a Volunteer for East Sussex Wildlife Rescue and Ambulance Service at the Casualty Care Centre at The Shaw Barn, Whitesmith, East Sussex, BN28 6JD any other locations where there are WRAS facilities or as a volunteer rescuer / fundraiser / Feed & Clean Shift Volunteer / DIY and Maintenance Volunteer or any other voluntary role based from home or at any other WRAS facility and will engage in the activities ("the Activities") relating to being a Volunteer. I affirm that I am over 18 years of age. I understand that the Activities may include...

- the rescue and capture of wildlife casualties
- the transportation of casualties using WRAS vehicles or my own vehicle
- the handling of casualties
- cleaning the cages (when both empty and when occupied by wildlife) and equipment at WRAS facilities
- feeding and monitoring wildlife occupying the cages at WRAS facilities;
- helping with the care of Wildlife at the Casualty Care Centre
- assisting with treating of wildlife where casualties are found, at veterinary centres and at WRAS facilities. Such assistance to be undertaken with adequate supervision by East Sussex Wildlife Rescue and Ambulance Service;
- the confidential recording of information
- liaison with other volunteers
- Clean and tidying of the Casualty Care Centre
- undertaking maintenance work, DIY work and other activities as agreed between individual volunteers and the charity
- Representing East Sussex WRAS at fundraising and educational events in a professional manner

In consideration of being permitted to participate as a volunteer with East Sussex WRAS I, \_\_\_\_\_, fully recognise that wildlife can be unpredictable in nature and I appreciate the damages and risks inherent in the Activities and I hereby release and forever discharge and hold harmless East Sussex Wildlife Rescue and Ambulance Service and its successors and assigns for any and all liability, claims and demands of whatever kind or nature;

- to include but not limited to
- damages to or theft of personal property
- personal injury or death
- medical fees in relation to (ii) above;

either in law or in equity, which may arise or may hereafter arise from my voluntary Activities with East Sussex Wildlife and Ambulance Service.

I understand and admit that my participation with East Sussex WRAS is voluntary. I assume full responsibility for any injuries or damages resulting from my participation in the Activities including responsibility for using reasonable judgement in all places of participation of the Activities. I recognise and understand that such Activities may be hazardous, that my participation is solely at my own risk and that I assume full responsibility for any resulting injuries and damages.

I affirm that I am in good health and I further declare that I am physically fit and capable to undertake the Activities. I acknowledge that it is the recommendation of East Sussex Wildlife Rescue and Ambulance Service that I obtain medical/health insurance to cover the Activities if I am not already covered. I understand that East Sussex Wildlife and Rescue and Ambulance Service does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. I understand that East Sussex Wildlife Rescue and Ambulance Service does carry and maintain public liability and employers liability insurance.

I understand that I should not attend any WRAS facility or drive any WRAS vehicle or attend any call-out/rescue unless I am in good health. I understand that I must obtain a tetanus injection before commencing any Activities and I hereby agree to provide medical evidence to East Sussex Wildlife Rescue and Ambulance Service of up to date tetanus vaccinations. I also understand that it is my responsibility to notify the appropriate manager/co-ordinator of emergency medical information. I understand that this Waiver of Liability binds my heirs, executors, administrators and assigns as well as myself.

I acknowledge that I have read and understood this entire Waiver of Liability and I agree to be legally bound by it. I agree that in the event of any provision of this Waiver of Liability shall be held to be invalid by the courts of England and Wales the invalidity of such provision shall not otherwise affect the remaining provisions for this Waiver of Liability shall continue to be enforceable.

\_\_\_\_\_  
 Volunteer's Signature

\_\_\_\_\_  
 Volunteer's name (please PRINT clearly)

\_\_\_\_\_  
 Date

Address:

  
  
  
  
  

Phone Number: