



The Cinnamon Trust

10 Market Square ● Hayle ● Cornwall ● TR27 4HE
Tel 01736 758707 ● Fax 01736 757010 ● Email volunteer@cinnamon.org.uk ● www.cinnamon.org.uk

Thank you for expressing an interest in volunteering with The Cinnamon Trust. The Cinnamon Trust is a charity that helps elderly people and those in the final stages of a terminal illness to care for their pets and your support is greatly appreciated.

Completing and submitting your Volunteer Registration Form

- You may print and complete this form by hand or type into the form (remember to save onto your PC) and print off
- If you are applying to be a volunteer after seeing an appeal on our website, please ensure that you put the **appeal number** in the box on the top right hand corner of the form so that we can immediately match you to the case.
- Please post the completed form to The Registration Team at the above address
- Or email to volunteer@cinnamon.org.uk
- Please bear in mind that processing your application can take between two and three weeks, we will contact you via letter to let you know when we have contacted your referees.
- Any further question or queries please do not hesitate to contact us.

References:

Please provide details of three individuals for reference purposes.

- **Two personal referees** such as friends, neighbours, work colleagues – people who have known you for five years or longer
- **One professional referee** that has known you for at least one year this can be somebody that knows you on a personal level that works in any profession.
- **Do not use** family members, partners or support workers as references, our insurance policy does not accept these.
- Please inform your referees that we will contact them in line with General Data Protection Regulations
- Please ensure you provide full postal address including postcode or full email as telephone referees will not be accepted

Photographs:

A passport sized photograph (or snapshot cut down to size) is required for a volunteer identity badge. It needs to show a clear view of your face, unobstructed by sunglasses etc. The identity badge is something that gives our owners peace of mind and is also used for insurance purposes.

Privacy Notice:

All personal information you will provide on the form will be handled in accordance with the General Data Protection Regulations. This will be held securely and used for responding to you and internal administrative and mailing purposes only and will not be passed to any other party. If you wish to see how we handle personal data, please read our Privacy Statement at www.cinnamon.org.uk.



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Office use only

Please add Appeal n°.
from our website

VAK		CTAG		VA		
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Volunteer Registration Form

About You

Full Name (<i>including title</i>)			
Address			
Post Code		Date of Birth	
Email			
Tel: (Day)		Tel: (Eve)	
Next of kin name			
Address			
Post Code		Relationship to you	
Tel: (Day)		Tel: (Eve)	
Details of own pets			
Experience with animals			
Have you ever been taken to court or cautioned by the police?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please give details			
Do you have any medical conditions or are you taking medication which could affect your volunteering?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please give details			
What is your occupation			

How can you help us?

Could you do regular dog walking?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How far would you be prepared to travel (Miles)?	
At what times are you available to help?	
Could you foster an animal short term?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Could you foster an animal for life?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Which animals could you foster?	
Could you transport an animal in need?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How far would you be prepared to travel (Miles)?	
At what times are you available to help?	



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Volunteer Registration Form

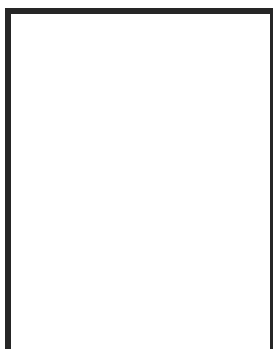
Could you help recruit other volunteers in your area?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Could you contact local hospitals, police, social services etc. and make them aware we are there to help?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any other information	

References – if completing this form by hand – please print these details very carefully

First personal referee			
Title		First Name	
Surname		Relationship to you	
Address & Postcode			
And/or Email			
Second personal referee			
Title		First Name	
Surname		Relationship to you	
Address & Postcode			
And/or Email			
Professional referee			
Title		First Name	
Surname		Relationship to you	
Address & Postcode			
And/or Email			

I confirm that the information given in this form is true, complete and accurate

Signed	Date
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- If sending by post, please attach your passport sized photograph or cut down to size snapshot here
- If emailing, ensure you attach a photo to your email that will print at good quality at 3.5cm x 4.5cm

Thank you for your support