Curraghs Wildlife Park Volunteer Application Form



Personal Details

Forename/s

Title Mr / Mrs / Ms / Miss / Other

Surname

Date of Birth (optional)

Current Occupation

Address

Telephone no./s

Post Code

Email (home)

Email (work)

Please indicate the areas in which you would like to volunteer by ticking one or more box/es below

Manning the Discovery Hut	Maintenance Work			
Supervising the lemur walk-in enclosure	Public Talks			
Visitor guide / Park ranger	Helping with events			
Craft Activites	Fund Raising			
Gardening	Prepared to do whatever is needed			
I have a particular skill that I could offer (please specify)				
Please note that we do not normally recruit volunteers for animal care roles. If you are a student of zoology, animal management or similar, please enquire about work experience with our animal husbandry team.				

Please indicate when you would be available to volunteer

Weekdays	Saturdays	Sundays		School Holidays
Term time only	Or specify			
Are you able to commi	t a regular time slot each	week?	Yes	No

Please tell us why you want to volunteer and what you hope to gain from the experience

Do you have any illnesses or special needs that we would need to be aware of? If so, please outline briefly.

Please tick here if you consent to the Wildlife Park carrying out a DBS check

Please note that volunteering at the Wildlife Park tends to be seasonal - i.e. during the Park's busy times. For instance, roles such as manning the Discovery Hut and lemur enclosure are not needed when the Park is closed (Mon, Tues, Wed in the winter season), and we would not expect volunteers to be outdoors in very bad weather.

Personal Information

If you wish to know any more about how the Department processes your information or if you wish to access your personal information or to request its rectification or erasure please contact the Wildlife Park's Data Protection Officer on 686781 or at DPO_DEFA@gov.im Further information can be found here: https://www.curraghswildlifepark.im/media/1617/wildlife-park-privacy-notice-v0-2.pdf I consent to the processing of my personal information given on this form for the purpose of [insert the purpose of the form such as membership/volunteer registration etc].

I understand that I may withdraw my consent to this at any time using the contact details above.

Signature	Date	(A form received from your email address is deemed to be signed)
Office Use		
Received	Interviewe	ed
Contacted	Start Date	2