

Volunteer Registration Form

All information will be held by Medical Detection Dogs in adherence with the Data Protection Guidelines

If you are already registered with Medical Detection Dogs, there is no need to complete the Registration Form. I am a Medical Detection Dogs Registered Volunteer Yes No

if your answer is no, please complete the Volunteer Registration Form below.

VOLUNTEER DETAILS: (Please complete all sections in BLOCK CAPITALS)

Title

First Name

Surname

Your Address

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Home Tel.

Mobile

Email Address

How long have you lived at this address?

Emergency Contact Details

Name

Relationship to you

Home Tel.

Mobile

Passport Photo
Here

May we include your information on our database? Yes No

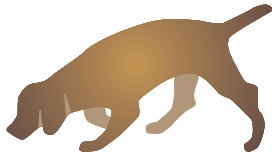
Do you hold a full driving licence? Yes No

Why are you interested in volunteering with Medical Detection Dogs?

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Dogs saving lives

Medical Detection Dogs



SNIFF5000

Fundraising Dogs Supporting
Medical Detection Dogs



Have you worked for or been a Volunteer for any other Charity Yes No

Do you have any Fundraising Experience Yes No

Availability

Please tell us how many hours/days a week you will be able to Volunteer for Medical Detection Dogs

Monday - Friday Yes No

Weekends Yes No

Any time Yes No

Volunteering Opportunities

Please tick appropriate box (you may have more than one choice)

Speaking Fundraising Puppy fostering Administration

Other

Referees (Please provide us with the names and contact details of two character referees)

Referee 1

Name

Address

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	<input type="text"/>

Position

Telephone

Relationship to you

Referee 2

Name

Address

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	<input type="text"/>

Position

Telephone

Relationship to you

In the course of our work, we are sometimes required to obtain a Criminal Records Bureau (CRB) check for both Staff and Volunteers. If appropriate, may we use your details to obtain a CRB check?

I agree to having my details forwarded for a CRB check Yes No

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please return completed registration form to Jane Isted:

'Sniff 5000' Campaign, Medical Detection Dogs, 3 Millfield, Greenway Business Park, Winslow Road,
Great Horwood, Milton Keynes MK17 0NP

Email: jane.isted@medicaldetectiondogs.org.uk