

Dog Desk Animal Action Volunteer Application Form

Personal information

Full name:			
Preferred name:			
Gender::			
Nationality:			
Other held nationality:			
Date of Birth:		Age:	
Address:			
Country of Residence:			
Telephone No:		Mobile No:	
Twitter ID		Email:	

Health

Do you suffer from any conditions or illnesses that would restrict your participation an event participant? Do you have an old injury that we need to be aware of?

Yes No

If so please give specific details here

Do you suffer or have you ever suffered from any of the following conditions?

- | | | |
|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Wheezing | <input type="checkbox"/> Hay fever |
| <input type="checkbox"/> Chest pains | <input type="checkbox"/> Heart conditions | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Migraines | <input type="checkbox"/> Severe menstrual pain |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Speech Impairment | <input type="checkbox"/> Eyesight impairment |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Depression | <input type="checkbox"/> Anxiety |

Do you suffer from any other physical or emotional condition that would prevent you from participating fully? (If so please give specific details):

Do you have any allergies such as drugs, food, insects etc.? If so, please provide a list giving type of reaction and the type of treatment required.

Have you had any medical treatment or had major surgery in the past 2 years? (If so please give specific details)

Yes No

Volunteering experience

Please tell us about any previous volunteering experience or skills you have that will help you in this role

help@dogdeskanimalaction.com

FAO Michelle Robertson