

THE LIGHT OF THE WORLD TRUST

www.lightoftheworldtrust.org

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Volunteer

Thank you for offering to become one of our team of voluntary dog walkers/pet carers, if your application is successful your name and telephone number will be given to one of our registered service users. All our service users are either elderly or disabled and because you will be entering the homes of the most vulnerable people in the community it is necessary for us to take up references and get confirmation from your GP. Please answer the following questions.

Please ring: Mr Mrs Miss Other (please state)

Surname: Name:

Date of Birth:.....

Address:
.....

Telephone No: Mobile No:

Email Address:

Reference Contact: (Please note references of personal friends are not acceptable. Please give two names and addresses of present employers/previous employers or someone in a professional capacity who could supply a character reference).

1).....
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2).....
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Are you willing for us to contact your GP to establish whether you are physically and mentally equipped for the position of dog walker/pet carer?

(Please tick) Yes..... No.....

If yes, please give us your GP's name and address.

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Would you be willing to display some leaflets in your own area since this will hasten the procedure of finding a dog for you to walk. The leaflets can be displayed in pet shops, waiting rooms (vets, doctors, dentist), take away shops etc.

(Please tick) Yes..... No.....

Do you have any experience with dogs, if so could you let us know the details:

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The Light of the World Trust does not accept liability for any incidents that may occur during volunteer dog walking.

Signature..... Date.....

Thank you once again for offering to become one of our volunteer dog walkers.