



Suite 2, 5 Pennine Way, Peterborough, CAMBS. PE1 2DU
Contact Centre: +44 (0)3301200862 | Fax: +44 (0)3301200866
Enquiries@ADCouncil.org.uk | www.adcouncil.org.uk

Assistance Dog Council Volunteer Application Form

Section 1: Personal Information

- Full Name: _____
- Date of Birth: _____
- Address: _____

- Postcode: _____
- Phone Number: _____
- Email Address: _____

Section 2: Emergency Contact Details

- Name: _____
- Relationship to You: _____
- Phone Number: _____

Section 3: Skills and Experience

1. Why would you like to volunteer with the Assistance Dog Council?

2. Do you have any previous volunteering experience?

Yes No

If yes, please provide details:

3. Please list any skills, qualifications, or experiences that may be relevant to the role (e.g., animal care, administration, event planning):



ASSISTANCE DOG COUNCIL

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Section 4: Availability

- How many hours per week are you able to commit? _____
 - Which days of the week are you available? (Tick all that apply)
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 - Which role are you applying for? _____
-

Section 5: Health and Support Needs

1. Do you have an assistance dog?

Yes No

If yes, please provide the name and any relevant details about your assistance dog:

2. Do you have any health conditions or disabilities that we should be aware of?

Yes No

If yes, please provide details and indicate any adjustments we can make to support you:

Section 6: References

Please provide the details of two referees (not family members):

1. Name: _____

Relationship: _____

Phone Number: _____

Email Address: _____

2. Name: _____

Relationship: _____

Phone Number: _____

Email Address: _____

Section 7: Declaration

I confirm that the information I have provided is accurate to the best of my knowledge. I understand that any role offered is subject to references and, where applicable, a DBS check.

Signature: _____ Date: _____