



## The Cinnamon Trust

10 Market Square Hayle Cornwall TR27 4HE  
Tel 01736 758707 Fax 01736 757010 E-mail volunteer@cinnamon.org.uk  
www.cinnamon.org.uk

Thank you for expressing an interest in volunteering with The Cinnamon Trust.

The Cinnamon Trust is a charity that helps elderly people and those in the final stages of a terminal illness to care for their pets and your support is greatly appreciated.

### REFERENCES:

Please provide details of **three** individuals for reference purposes. We require **two personal** referees i.e. friend, neighbour, work colleague etc., (people who have known you for **five years or more**) and **one professional** referee that has known you for **one year** this can be somebody that knows you on a personal level that works in any profession. **Family members/Partners and Support workers will not be accepted under our insurance.**

### PHOTOGRAPHS:

A photograph (or snapshot cut down) is required for a volunteer identity badge. It needs to show a clear view of your face, unobstructed by sunglasses etc. The identity badge is something that gives our petitioners peace of mind and is also used for insurance purposes.

Please bear in mind that processing your application can take between three and four weeks, we will contact you via letter to let you know when we have contacted your referees.

Any further question or queries please do not hesitate to contact us.

***Privacy Notice: All personal information you will provide on the form will be handled in accordance with the Data Protection Act 2018. This will be held securely and used for responding to you and internal administrative and mailing purposes only and will not be passed to any other party.***

Patrons: Virginia McKenna Sir Paul McCartney  
Founder and Chief Executive : Averil R Jarvis MBE  
The Cinnamon Trust is a Registered Charity, No. 1134680  
The Cinnamon Trust is a limited company registered in England and Wales. Registered office: 10 Market Square, Hayle, Cornwall TR27 4HE. Company Number: 07004861



# THE CINNAMON TRUST

Registered Charity No 1134680

10 Market Square, Hayle, Cornwall, TR27 4HE

Tel: 01736 757900 Direct: 01736 758707

## VOLUNTEER REGISTRATION FORM

VAK

CTAG

VA

Appeals No.

Full Name (including title) ..... Date of Birth .....

Address .....

..... Email .....

Post Code ..... Tel: (Day) ..... (Eve) .....

Details of own pets .....

Experience with animals .....

.....

Where did you hear about the Trust? .....

Could you do regular dog walking?..... How far would you be prepared to travel (Miles)? .....

At what times are you available to help? .....

Could you foster an animal? ..... Short term? ..... For life? .....

Which animals could you foster? .....

How Many? .....

Could you respond to emergency calls at night.....

Could you help recruit other volunteers in your area? .....

Could you contact local hospitals, police, social services etc. and make them aware we are there to help? ...

Could you transport an animal in need? .....

How far (Miles) ? ..... Any time? .....

How would you most like to help? .....

Have you ever been taken to court or cautioned by the police? .....

If yes please give details.....

**Medical conditions:** Do you have any medical conditions or are you taking medication which could affect your volunteering? .....

.....

Please give details:.....

Occupation: ..... Any other information:.....

.....

**Please send the completed form to Wendy Swanson at the above address. Include a recent photograph together with the names and addresses of three referees.**

**Privacy Notice: All personal information you provide on the form will be handled in accordance with General Data Protection Regulations. If you wish to see how we handle personal data please read our Privacy Statement at [www.cinnamon.org.uk](http://www.cinnamon.org.uk)**

Signed ..... Date .....

**THANK YOU FOR HELPING**

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PLEASE INFORM YOUR REFEREES THAT WE WILL CONTACT THEM IN LINE WITH 'GENERAL DATA PROTECTION RIGHTS'

YOUR NAME .....

REFEREE DETAILS:- PEOPLE WHO HAVE KNOWN YOU FOR 5 YEARS OR MORE (**FAMILY MEMBERS/PARTNERS and Support workers will not be accepted under our insurance**). Can you please provide full postal address including postcode or full email as telephone referees will not be accepted. (PLEASE PRINT)

First Referee

Surname .....First Name .....

Title Mr/Mrs/Miss .....

Address .....

Email 

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Relationship to you .....

Second Referee

Surname .....First Name .....

Title Mr/Mrs/Miss .....

Address .....

Email 

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Relationship to you .....

Third Referee (Professional)

Surname .....First Name .....

Title Mr/Mrs/Miss .....

Address .....

Email 

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Relationship to you .....

Include a recent photograph:



If you are applying to be a volunteer after seeing an appeal on our website, please ensure that you put the appeal number in the box on the top right hand corner of the form so that we can immediately match you to the case.