

Charity number: 1167033



Application to become a volunteer

Personal details:

Full name:	
Preferred name:	
Date of birth:	
Gender:	
Address:	
	Post Code:
Telephone:	I am unable to talk on the phone: <input type="checkbox"/>
Email address:	

What kind of volunteering roles are you interested in at the Independent Assistance Dog Agency? Tick all that apply:

- Homechecker
- Dog trainer – please fill in separate application form
- Event staff (e.g. staffing fundraising stalls in your local area, helping at the AGM)
- Event/ training session photographer
- Meeting assistance (e.g. taking minutes, interpreting)
- Leafleter (post leaflets through local doors, put on local noticeboards etc.)
- Fundraising outreach (contacting appropriate companies for support, obtaining community funding application forms e.g. from supermarkets)
- Driver happy to take staff to meetings or events
- Owner of dogs/ cats/ livestock happy to participate in training sessions
- Shop manager happy to volunteer training locations
- Airline/ bus company/ train company staff happy to offer training environments

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Which areas are you happy to be a volunteer for? (E.g. whole of Berkshire, only within Bevois Valley in Southampton, etc.)

Do you have a UK driving license or the use of a car? If so, does the vehicle have wheelchair access, or could it hold a foldable wheelchair?

If a client or dog are in need, would you be happy to be asked about going to assist them or providing transport to them?

Do you have a day-to-day job? Do you do any other volunteering? Are there any skills you feel you can bring to your volunteer role at IADA?

Are there any skills you are hoping to gain while volunteering at IADA?

Are you hoping to volunteer indefinitely, or for a fixed term?

Are there any other languages you can speak, read, or write, including British Sign Language or any foreign sign languages?

Do you have any Occupational Therapy experience? This is desired for homecheckers.

Do you have any disabling conditions which may affect your ability to carry out some kinds of volunteering?

Are you related to any trustee, volunteer, or other member of IADA as far as you know?

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Have you ever been convicted of a criminal offence? If yes, please provide details, including of spent convictions as you will be working with vulnerable and disabled people:

Can you provide any references for previous volunteering work?

i After receiving your application we will invite you to an interview if we feel it is suitable. You may have to apply for a Disclosure and Barring Service check, for which there will be a charge.

Eligibility checklist:

If my application is successful, I will submit a passport photo of myself for an identification card

I give permission for the Independent Assistance Dog Agency to contact any people listed herein to discuss my application

I am not barred from working with vulnerable adults or children

I am a permanent resident of the United Kingdom

I am entitled to work in the United Kingdom

I am willing to undergo disability awareness training if necessary

I agree to inform IADA if I am unhappy with anyone's conduct

I agree not to behave in any way which may disparage the reputation of IADA

I will inform IADA if I am unavailable for any period

I am happy to wear apparel with the IADA logo when performing IADA duties

I will inform IADA if I no longer wish to be a volunteer

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I declare that all information given in support of my application is, to the best of my knowledge correct. I understand that to knowingly give false information or failing to disclose convictions may, in the event of employment, result in dismissal.

Print name:

Signature: Date:

For questions, please email: contact@iadauk.org.uk 

Please return this form to: 

Independent Assistance Dog Agency
165 Tintagel Close
Andover
SP10 4DD



Independent Assistance Dog Agency

Freedom through trained dogs

A Charitable Incorporated Organisation



Responsibilities and Expectations—Volunteers

What you can expect from IADA:

After we have received your application, in accordance with our CIO constitution, we aim to respond within 21 days. However, a response may take longer if all trustees have not been available for a meeting, or if we have needed to contact a reference and they have not responded to us.

Depending on whether we can determine that you meet our requirements for the role, we will either inform you in writing that you are not eligible, or invite you to an interview with the trustees. A DBS check will be required if you are to spend any time unsupervised with a child or vulnerable adult, though in general we would not recommend making any appointments that require this.

If we are able to proceed, a contract will be signed and you will then be an IADA volunteer. We will provide you an identification card and volunteer uniform t-shirt as the charity can afford them. Everything provided to you will remain the property of IADA and must be returned if required.

IADA may sometimes be in a position to be able to pay travel expenses, we will inform you in advance if this is possible, as it cannot be guaranteed and depends on our funding levels.

Your data will only be handled in ways that you have consented to in your application, and in accordance with the Data Protection Act.

What IADA expects from you:

IADA is a user-led organisation. As an accepted volunteer, you will have voting rights on decisions taken on occasions such as the Annual General Meeting. The charity must be safe for everybody involved; clients, dogs, trainers, volunteers, and trustees. As such, we will not tolerate harassing, abusive, or threatening behaviour from any one member towards anybody else, whether physical, verbal, or written, including in emails, text messages, and over social media.

Likewise, we will not tolerate political extremism towards members such as Anti-Zionism, Islamophobia, Homophobia, racial supremacy, or any discrimination against different categories of disability among applicants.

We expect you to adhere to the handbook you are given as a member, to follow the guidelines of your role, and to inform IADA if you are unable to carry out duties for any period of time.

By signing below, you are agreeing to abide by the above expectations, and understanding that non-compliance may result in your removal from the IADA volunteer registry.

Signature: Date of birth:
Printed name: Date of signing: