



Confidential Application for Volunteers

Surname:	Forenames:
Address:	Telephone Number:
Postcode:	Date of Birth:

Which department are you interested in working in? (Please state why and what experience you may have)

Admin/Office Yes <input type="checkbox"/> No <input type="checkbox"/>	
Driver/Drivers Mate Yes <input type="checkbox"/> No <input type="checkbox"/>	
Electrical Yes <input type="checkbox"/> No <input type="checkbox"/>	
Retail Yes <input type="checkbox"/> No <input type="checkbox"/>	
Warehouse Yes <input type="checkbox"/> No <input type="checkbox"/>	
Woodwork Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please note: Due to the nature of our work a certain amount of lifting heavy items is involved in working both in the electrical department, warehouse & vans. Candidates should be physically fit.

When are you available to volunteer

MONDAY AM <input type="checkbox"/> PM <input type="checkbox"/>	TUESDAY AM <input type="checkbox"/> PM <input type="checkbox"/>
WEDNESDAY AM <input type="checkbox"/> PM <input type="checkbox"/>	THURSDAY AM <input type="checkbox"/> PM <input type="checkbox"/>
FRIDAY AM <input type="checkbox"/> PM <input type="checkbox"/>	

Criminal Record

Please list any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none state 'none'. If you wish, you may provide information in a sealed envelope.

Any further information you would like us to know

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Health Details

Are you in good general health? If No please state medical condition.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you receiving any medical treatment? If yes, please state what?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any form of disability? If Yes please give details of how we can help you overcome these limitations.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

References

Please give the names and addresses of two people to whom we can apply for a reference. One of these should be your previous employer. If you do not want us to contact them, prior to being offered a volunteer position, please tick the box. <input type="checkbox"/>	
1. Name Position Address Postcode	2. Name Position Address Postcode

Contact details in case of an emergency

Contact Name:	Relationship:
Address:	Telephone Numbers: Home: Mobile:
Postcode:	Email address:

Declaration

1. I confirm that the information provided on this application form is accurate and correct.	
Print name:	
Signed:	Date: _____