



Shop Volunteer Application Form

Name			
Address including postcode			
Home telephone number			
Mobile telephone number			
Email address			
Date of Birth		Gender	

References:

We need the names and addresses of two people who can tell us what you would be like as a volunteer. We will write to them and may telephone them. Please choose people who are not in your family. For example, you could choose your employer, a professional from your school or college, a religious leader, a group leader or a volunteer supervisor.

Person 1

Name of Referee			
Address including postcode			
Home telephone number			
Mobile number			
Email address			
How long have you know this person?		In what capacity?	

Person 2

Name of Referee			
Address including postcode			
Telephone number			
Email address			
How long have you know this person?		In what capacity?	



Volunteering can be very rewarding. Please tell us why you would like to be a volunteer.

Have you done any voluntary work before? YES/NO
 If your answer is yes, tell us more about what you have done.

Please tell us about any interests and hobbies you have.

How did you hear about Home-Start?	
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Please give details of your next of kin or someone we can contact in an emergency.

Name		Relationship to you	
Contact Numbers		Address	



Thank you for volunteering with Home- Start; we greatly value your involvement. In line with the Equality Act 2010 Home-Start are obliged to carry out risk assessments in order to maintain the health and safety of all parties involved. In order for us to make any reasonable adjustments necessary in order for you to successfully carry out your role would you please complete the following:

Do you have any health condition that might affect your involvement with Home-Start?	
Are you at present receiving any medical treatment or attention that may affect your ability to volunteer in the future?	
If you have a disability or any special needs please inform us of any adjustments that you would like us to make in order for you to comfortably carry out your role as a shop volunteer.	

Have you ever been arrested or had contact with the police for any type of criminal offence?

No

Yes (if you have answered yes to this question, please contact Angela Dennis, Scheme Business Manager, to discuss your application on 01379 678552)

I understand that personal information about me will be held in records (including electronic records) some of which may be sensitive information such as age, race, gender, disability and that this information may be used for monitoring purposes. I agree to the scheme holding this information and understand that I may ask to see my records at any time.

To view our full privacy notice, please visit our website: www.homestartmidandwestsuffolk.org.uk

Signed:

Date:

Please either hand in your completed application form to our Stowmarket or Eye charity shop or return by post to:- Home-Start Mid & West Suffolk, 20 Broad Street, Eye, Suffolk IP23 7AF or email office@homestartmidsuffolk.org.uk

For further information please telephone 01379 678552