

DOCUMENT 2

WORK EXPERIENCE VOLUNTEER APPLICATION FORM (PLEASE PRINT CLEARLY)

Name:	Date of birth :
Address:	
Telephone:	Email:

AVAILABILITY

	AM	PM
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>

SKILLS

Please tell us about any skills or experience you have that you think will be helpful to the charity shop.

HEALTH

Do you have any health conditions or disabilities of which we should be aware of? If yes, please give details. Please be aware disclosures are strictly confidential. Where a health disclosure is made and to ensure volunteering is accessible, applicants will be referred to our occupational health advisor to ensure reasonable adjustments can be made in your role and work area.

EMERGENCY CONTACT

Please give the name of a family member or close friend who we can contact in the event of an emergency

Name:	Email:
Telephone:	Relationship to you:

DISCLOSURES

Do you have any unspent criminal convictions? Having a conviction will not necessarily stop you from volunteering but will need to be taken into consideration when assessing your suitability.

I hereby declare that the information I have provided is true

Signed:	Date:
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