**Shops Volunteer Starter Form**

**Shop:**

## Contact Information

|  |  |
| --- | --- |
| Title | (Mr/Mrs/Miss/Other)  |
| Full Name |  |
| Address  |  |
| Town |  |
| Post Code |  |
| Home Phone & Mobile |  |
| E-Mail Address |  |
| Please circle your preferred method of contact Email Mobile SMS Post |

## Availability (please circle /indicate your available times)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Mon AM | Tues AM | Weds AM | Thurs AM | Fri AM | Sat AM |
| Mon PM | Tues PM | Weds PM | Thurs PM | Fri PM | Sat PM |

## How did you hear about this role?

|  |
| --- |
|  |

## Special Skills or Qualifications

### Please tell us about your experience and skills you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

|  |
| --- |
|  |

## Person to Notify in Case of Emergency NOK

|  |  |
| --- | --- |
| Name |  |
| Relationship |  |
| Home Phone |  | Mobile Phone |  |
| E-Mail Address |  |

## Referee

Please provide details of one person who we can ask for a reference to support your application. **Referees should not be family members.**

|  |  |
| --- | --- |
| Name |  |
| Address  |
|  | Post Code |
| Home Phone/Mobile Phone |  |
| E-Mail Address |  |
| Relationship to you | Length of time known |

## Medical and Disability

**Do you have an impairment, health condition or learning difference that may require support from us?**

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ]  No | [ ]  Prefer not to say |

|  |
| --- |
| If you have answered yes, please give details |
|  |

## Rehabilitation of Offenders Act (1974) (Exceptions) Order 1975

|  |
| --- |
| As your role may involve supporting vulnerable groups it is necessary under the above order to ask the following:Have you any unspent convictions? ☐ Yes ☐ No If yes please give details: |

## Our Policy & Data Protection

### It is the policy of this organisation to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### Please tick this box to confirm you agree to your details being held by Prama in accordance with the Data Protection Act 1998. We will only use your information in relation to your role with us.

## Confidentiality Agreement and Signature

* By submitting this application, I confirm that the facts provided are accurate.
* I am willing to abide by the values and behaviours of Prama. I agree not to disclose confidential information about individuals or the organisation, gained in the course of my involvement, to any outside party.
* I give permission for my photograph to be used for publicity purposes. I understand my name may be mentioned in staffing updates.
* Staff and volunteers are prohibited from making a profit from items purchased from the shop; car boot sales, eBay and any other methods of resale are forbidden.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for completing this application form and for your interest in volunteering with us.**

**FOR SHOP MANAGER/OFFICE USE ONLY:**

## Agreed Taster Shift

|  |  |  |  |
| --- | --- | --- | --- |
| Day & Date: |  | Time: |  |

## Agreed Start Date

|  |  |  |  |
| --- | --- | --- | --- |
| Day & Date: |  | Time: |  |

## Type of Volunteer (Please circle)

|  |  |  |  |
| --- | --- | --- | --- |
| Volunteer | D of E | Work Experience | CP |