

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:	
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Agreed Start Date

Day & Date:		Time:	
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Type of Volunteer (Please circle)

Volunteer	D of E	Work Experience	CP
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