**Charity Shop Volunteer Application Form**

Please print the information requested below, preferably using a black pen. If you need assistance to complete this form, please contact The Salvation Army Centre and we will be happy to help. Literacy is not a requirement for most volunteering roles.

**Personal details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title (Miss/Ms/Mrs/Mr/Other): | | | | |
| First name: | | Surname: | | |
| Address: | | | | |
| Postcode: | Email: | | | |
| Telephone (Home/Work/Mobile): | | | | |
| Occupation: | | | | |
| Date of birth: | | | | |
| Do you consider yourself to have any disabilities? : | | | Yes | No |
| If yes, please give details: | | | | |
| Are there any further circumstances that you would like us to be aware of or any medical conditions that we need to consider? | | | Yes | No |
| If yes, please give details: | | | | |
| Please give brief details of any previous voluntary experience (including dates): | | | | |

**How did you hear about us?** Please select the appropriate answer

|  |  |  |  |
| --- | --- | --- | --- |
| The Salvation Army | | Referred by friend | |
| Referred by volunteer | Volunteer Bureau | | Project Newsletter |
| Other (please specify): | | | |

**Skills and interests:** Please give brief details of any skills/interests you may have (eg. Languages, cooking, driving, befriending, art, teaching, sport):

|  |
| --- |
|  |

**Availability:** Please tell us when you will be available to volunteer by ticking the appropriate box (or boxes) below:

|  |  |  |
| --- | --- | --- |
| **DAY** | **MORNING - 9:45 – 1:15** | **AFTERNOON - 1:00 – 5:00** |
| **Monday** |  |  |
| **Tuesday** |  |  |
| **Wednesday** |  |  |
| **Thursday** |  |  |
| **Friday** |  |  |
| **Saturday** |  |  |

How many days a week would you like to volunteer? (Please tick the appropriate answer)

|  |  |  |
| --- | --- | --- |
| Half a day | 1 day | 1.5 days |
| 2 days | 2.5 days | 3 days |

How often would you like to volunteer?

|  |  |  |
| --- | --- | --- |
| Weekly | Fortnightly | Monthly |
| Other (please specify) : | | |

How long would you hope to commit as a volunteer with The Salvation Army? (Please tick your answer)

|  |  |  |
| --- | --- | --- |
| Three months | Six months | 1 year |
| More than a year | One off events/sessions | Don’t know as yet |

What are your reasons for wanting to volunteer?

|  |  |
| --- | --- |
| Gain work experience | Fill my time |
| Give back to the community | Friendship |
| Other (please explain): | |

**References:**

We require two character references who have known you for **at least one year.** Please provide the details of two people who have agreed to provide your character references in the space below. **Please note:** a referee can be an employer; a tutor at college; a minister of religion or any reputable person. We **cannot** accept references from relatives or people whom you live or share a house with.

**Referee One**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Email: |  |
| Telephone Number: |  |
| Relationship to you: |  |

**Referee Two**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Email: |  |
| Telephone Number: |  |
| Relationship to you: |  |

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

In order to protect programme participants and clients (eg children and adults at risk) it is necessary for checks to be made on all volunteers. The role that you are applying for is not with vulnerable adults or children so you only need to declare any ‘unspent’ convictions.

If you have been convicted of any offences please give details. Any information given will be kept confidential.

|  |
| --- |
|  |

**Declaration**

*I am committed to the aims of The Salvation Army including their commitment to protecting children and vulnerable adults. I have completed all sections of the application form accurately to the best of my knowledge and understand that to knowingly give false information or omit information is a breach of trust and could result in the ending of my volunteering relationship with The Salvation Army. I understand that if I am subsequently convicted of a relevant criminal offence I must declare this to The Salvation Army.*

Do you give consent for the above declaration? Please tick as appropriate

|  |  |
| --- | --- |
| Yes | No |
| Signed: | |
| Date: | |

The Salvation Army will use your information for administration, providing services and carrying out statistical research. In carrying out these purposes we may have to contact you by mail, telephone, or email. We will disclose your information to service providers for these purposes, e.g Criminal Records Check. By signing this form, you consent to our processing your sensitive personal data for the above purposes. You have a right to ask for a copy of your information and correct any inaccuracies.