

**SHOP VOLUNTEER APPLICATION FORM**

 **Confidential**

If you have difficulty in completing this form, please ask your Home-Start Coordinator for assistance.

|  |  |
| --- | --- |
| Name: |  |
| Address (including postcode): |  |
| Home telephone number: |   |
| Mobile telephone number: |  |
| Email address: |  |
| Date of birth: |  |
| Emergency contact name and phone number: |  |
| **References:** Please give the name and address of **two** referees whom you have known for a minimum of two years (not a relative). Please include at least one professional reference (previous employer wherever possible; alternatively school, college or other professional, such as a religious leader or a volunteer supervisor) who may be contacted by Home-Start.**Please ask permission prior to giving referee details and confirm their full address with them.** |
| **Referee 1:**Name:Address:Email:Telephone:Time you’ve known this person:In what capacity?: | **Referee 1:**Name:Address:Email:Telephone:Time you’ve known this person:In what capacity?: |

**We would like to get a picture of your past experience** (please tick all that apply):

|  |  |
| --- | --- |
| Working full time |  |
| Working part time  |  |
| Seeking work |  |
| Retired |  |
| Student |  |
| Not seeking work |  |
| Volunteering for another organisation? |  |

**Please give us details of any relevant employment or volunteering experience, starting with the most recent** (attach an additional sheet if required):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organisation name** | **Role title** | **From** | **To** | **Brief description of duties** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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| --- |
| **Home-Start ask for a minimum commitment of two hours per week on a regular basis for at least one year.** |