

Retail Division -

Volunteer Joining Form

Personal Details

SHO311B

Mr/Mrs/Ms/Miss

Forenames: _____ Surname: _____

Address: _____

Postcode _____

Home Tel _____ Mobile _____

Birthday: Date _____ Month _____ Year _____

EXPERIENCE

Please give any experiences, personal or professional you think may be relevant

Why do you wish to volunteer for Help the Aged?

What skills can you offer as a volunteer?

What are your spare time activities?

What times between Mon to Sat are you able to work

Do you have any medical condition which may affect your ability to effectively carry out the tasks of a shop volunteer?

*YES/NO If yes, please give details:

Are there any specific requirements you would need the Charity to address to enable you to carry out your duties effectively and safely? [Yes/No] If Yes, please give details :

***If YES - please send a copy of this form to the General Manager at Group Office**

Please provide two references

(For insurance purposes Referees cannot be relatives and must be people who have known you for at least two years)

Mr/Mrs/Ms/Miss: Last Name: First Name:
Address

Postcode

Telephone Numbers

Mr/Mrs/Ms/Miss: Last Name: First Name:
Address

Postcode

Telephone Numbers

Person to contact in case of emergency

Mr/Mrs/Ms/Miss:

Forenames: _____ Surname : _____

Address: _____

Postcode _____

Daytime Tel _____

Volunteer's signature : _____ **Date** _____

In accordance with the Data Protection Act 1998, I give my consent to Help the Aged for the purpose of my volunteering to process, by computer, or other means, the information contained on this form. I also understand it is my responsibility to keep Help the Aged informed of any changes to my personal details and this should be provided in writing.

Volunteer's signature _____ **Date** _____

Official use only-to be completed by Shop Manager

Start date : _____ Shop: _____

Shift details

