

	<h2>VOLUNTEER APPLICATION FORM</h2>	Ref no: Volunteer Application Form
		Authorised: P Hurst
		Date: 22/09/2017
		Version: 3
		Location: WS SERVER

Personal details

Name

Address

.....

Post Code Email address

Date of birth Contact number(s)

Emergency contact name Phone number

Do you have any health problems / allergies / medication we should know about?

.....

Are you: unemployed / employed part time / self employed / other (please specify)

.....

Do you claim benefits? JSA / ESA / DLA / PIP / UC / none / other (please specify)

.....

We will be providing you with protective clothing if needed.

What is your shoe size What is your chest size? S M L XL XXL

Your availability

What times are you available for volunteering? (Tick all that apply)

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							

Which type of work are you interested in? (Tick all that apply)

Collections/deliveries on the van	<input type="checkbox"/>	IT / computers	<input type="checkbox"/>
Shop floor / reception	<input type="checkbox"/>	IT Recycling	<input type="checkbox"/>
Office / admin	<input type="checkbox"/>	Tip Shop / RCT Shed	<input type="checkbox"/>

Tell us about you

Do you have any previous work or volunteering experience?

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.....
.....

Do you have any particular skills that might help us? These might have been from other voluntary work, a hobby, something you did in a previous job or skills like managing a family budget.

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.....
.....

Is there anything else we need to know about you? Any relevant hobbies or interests?

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.....
.....

Any other information

How did you hear about this role? (Eg. Word of mouth; Jobcentre, GAVO, etc).

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How long do you hope to volunteer with us?

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.....

If you have filled out this form on behalf of the applicant please tell us your name and how you know them.

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Completing online? Please email to: **nicolarossiter@wastesavers.co.uk**

Printing this form? Please post to: **Reuse Centre, Phoenix Park, Lliswerry, Newport, NP19 0LW**

Office use only

Start Date Agreed hours

Signed