**VOLUNTEER APPLICATION FORM **

Chequers Warehouse, Chequers Road Gloucester GL4 6PN

**Please read the guidance notes before completing this form.**

**Please note: we have a minimum age requirement of 18 in order to volunteer with us**

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| --- |
| Name |
| Address |
| Email |
| Phone Numbers |
| DOB Male/ Female |
| 1 Volunteer role(s) applied for:  |
| 2 If volunteering to work at one of our shops, please tick below to indicate preference:* Chequers Road Gloucester
* Henrietta Street Cheltenham
* Market Street Nailsworth
* London Road Stroud
 |
| 3 Which days you are able to work every week: What hours you are available to work: |
| 4 References:NameAddressEmailPhoneRelationship | NameAddressEmailPhoneRelationship |
| 4 Tell us why you want to volunteer at Emmaus Gloucestershire and what you hope to  get from volunteering: |
| 5 Tell us about your skills and experience as a volunteer, or in paid employment that you  can bring to the volunteer role at Emmaus Gloucestershire: |
| 6 Tell us about any health or personal needs that we would need to take account of to  ensure your safety and wellbeing while volunteering: |
| 7 Tell us about any criminal convictions or disciplinary action in relation to working with  vulnerable people: |
| 8 How did you hear about volunteering at Emmaus Gloucestershire? |
| 9 Anything else you would like to tell us to support your application? |
| Declaration: The information contained in this application is accurate and complete. I understand that any deliberate omissions may lead to the application being declined.**Signature:** **Date:** |

**Volunteer Application Tracking Form – for internal use by Emmaus Gloucestershire**

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| **Date Application form requested** |  |
| **Date completed application form received** |  |
| **Date of visit/ informal interview** |  |
| **Formal Interview** |  |
| **References Requested** |  |
| **Reference Return**  |  |
| **Decision** |  |
| **Letter of acceptance/ rejected sent to applicant** |  |
|  |
| **Volunteering agreement signed** |  |
| **Volunteer role assigned** |  |
| **Supervisor** |  |
| **Date of Induction** |  |
| **Date for first review** |  |
| **Any specific matters to be monitored:** |
| **Any specific support or supervision requirements:** |
| **Any other information:** |