

# Volunteer Application Form

Thank you for your interest in volunteering with Emmaus Sheffield. We would be grateful if you could complete the form below and return it to the **Volunteer Co-ordinator** at: **Emmaus Sheffield, Unit 5, Sipelia Works, Cadman Street, Sheffield, S4 7ZG** or email: **[enquiry@emmaus-sheffield.org.uk](mailto:enquiry@emmaus-sheffield.org.uk)**

## About you

Full Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>
Date of Birth	<input type="text"/>

Emergency contact details

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Do you hold a current clean driving licence?    Y / N

Introduce yourself and tell us why you'd like to volunteer for us

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Do you have any health issues, disabilities or additional support needs we should be aware of?

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## Skills and Interests

Do you have any relevant skills, hobbies or interests?

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Which role(s) within the social enterprise would you be interested in?  
**select all that apply**

- |  |   |
|--|---|
| <input type="checkbox"/> Shop          | <input type="checkbox"/> Driver               |
| <input type="checkbox"/> Warehouse     | <input type="checkbox"/> Driver's mate        |
| <input type="checkbox"/> Sorting stock | <input type="checkbox"/> Building maintenance |
| <input type="checkbox"/> Training      | <input type="checkbox"/> Public relations     |
| <input type="checkbox"/> Cooking       | <input type="checkbox"/> Marketing            |
| <input type="checkbox"/> Housekeeping  | <input type="checkbox"/> Fundraising          |

Other (Please sepcify)

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## Availability

What days would you be available to volunteer?

	<b>AM</b>	<b>PM</b>
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>

## References

### Referee One

Full Name .....

Address .....

..... Postcode .....

Telephone .....

Relationship to you .....

### Referee One

Full Name .....

Address .....

..... Postcode .....

Telephone .....

Relationship to you .....

## Declaration and Signatures

Under the Rehabilitation of Offenders Act 1974, in order to protect the beneficiaries at Emmaus Sheffield, e.g. adults at risk, it is necessary for checks to be made on all volunteers and therefore you will be subject to a DBS check.

If you have been convicted of any criminal offence, please provide details below.

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Having a conviction will be taken into consideration, but not necessarily stop you from volunteering. **All information will be treated in strictest confidence.**

All volunteers are required to have a criminal records (DBS) check, by signing this form, you are providing consent for Emmaus Sheffield to undertake this check.

Signed ..... Date .....

We take your privacy very seriously, and will never share or sell your details, complying fully with all GDPR legislation. For further details, you can request a copy of our Privacy Statement at:

**[emmaus-sheffield.org.uk/get-in-touch](http://emmaus-sheffield.org.uk/get-in-touch)**

We would like to keep you updated about our work, fundraising activities and ways to get involved. **Please tick the boxes below if you are happy to be contacted by:**

Post  Email  Phone

You can update your preferences at any time, please contact us at: [emmaus-sheffield.org.uk/get-in-touch](http://emmaus-sheffield.org.uk/get-in-touch).