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| **Volunteer Application Form** |  |  |

**Any information given on this form is confidential and covered by the Data Protection Act 1998**

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| Name | Preferred Title Mr/Mrs/Miss/Ms |  |
| Home Tel. No. | Mobile. No. |  |
| Address: |
| E-Mail: |
| Date of Birth: |
| Where did you hear about volunteering for Friends of Charis? |

**What type of role are you interested in?**

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| **Friends of Charis Shop (Magherafelt) Volunteer Stores Person:**This would involve assisting in the store area behind the shop, accepting donated goods from the public and sorting and preparing donated goods for sale in the shop. | **YES/NO** |
| **Friends of Charis Shop (Magherafelt) Volunteer Driver:**This would involve assisting with the collection of larger donated items such as furniture and delivery of goods sold to customers from our charity shop. This role would involve driving or supporting the van driver and there are specific requirements for this role which you can see in the role description. |  |
| **Friends of Charis Shop (Magherafelt) Volunteer Customer Service Assistant:**In this role you will assist customers, in the charity shop, to make their purchases and deal with enquiries. |  |

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| **Why would you like to be a volunteer with Friends of Charis?** |
| **What skills and experience will you bring to the role?** |
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| **When are you available to volunteer?**For roles in the shop, please note the shop is open Tuesday – Saturday 10am to 4.30pm |
| **Tuesday** | **AM** | **PM** |  |
| **Wednesday** | **AM** | **PM** |  |
| **Thursday** | **AM** | **PM** |  |
| **Friday** | **AM** | **PM** |  |
| **Saturday** | **AM** | **PM** |  |

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| **Criminal Convictions**A volunteer post at Friends of Charis could involve contact with vulnerable adults and is therefore exempt under the Rehabilitation of Offenders Act 1974. Consequently you are reminded to disclose all convictions, including those that are spent. Please note that disclosure of a conviction will not necessarily disqualify you from becoming volunteer.**Do you have any Criminal Convictions? Yes / No**If yes, please state date and nature of conviction. |

Please give two **independent** referees who would be willing to supply a character reference (these must not be family members). An email address is our preferred method of contacting referees.

|  |  |
| --- | --- |
| Name | Name |
| Address | Address |
| Email: | Email: |
| Tel. no. | Tel. no. |

Thank you for your interest. Please note that we do normally need two satisfactory references before you can start as a volunteer and we cannot always guarantee a suitable role. Volunteering roles will be subject to a satisfactory Access NI Disclosure.

I declare the above information is correct:

Full Name: …………………………………………………………………………………………………

Signature: ……………………………………………………. Date: …………………………………..

Please return your completed volunteer application form to fiona@chariscancercare.org or by post to Friends of Charis, 50 Rainey Street, Magherafelt, BT45 5AH marked for the attention of Fiona Brown. If you need any support with this form or additional information, please call us on 028 8676 9217.