SING TO I	CONFIDENTIAL Ilsington Village Shop Volunteer Application Form						
Full Name							
Telephone			Mobi	Mobile Number			
Email Address							
Postal Address							
Post Code							
	Who can we contact in an emergency?						
Name							
Tel/Mob							
Relationship							
Availability	Please tick boxes below to tell us when you can work in the shop.						
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Total Flexibility	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM
Further Notes:	Would you be happy to work on your own? YES/NO						
	Are you under 18 years of age? YES/NO Under 18s will need to work with an adult. Please be aware that not all adults will hold a current DBS certificate. Parent/carer signature of all volunteers under 18 years of age required to confirm this is acceptable:						
Carer signature:							
	Do you have any special needs/medical conditions that we should be aware of? YES/NO						
If YES, give details:							
Smoking	Volunteers should be aware that there is NO smoking on shop premises.						
Confidentiality	In the interest of business security volunteers are required not to discuss publicly anything relating to shop business matters or the shop finances.						
Data	Your details will be kept in accordance with the Data Protection Act 1998/2003. They will be held securely and confidentially – accessed only by authorised personnel.						
Contact Details	Volunteers' telephone numbers will be shared to enable easy contact between volunteers. If you do not wish your contact details to be on the list, please inform the shop manager.						

I declare the information I have provided is true

Signed:	Date:
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