



**CONFIDENTIAL**

**Ilsington Village Shop Volunteer Application Form**

Full Name													
Telephone					Mobile Number								
Email Address													
Postal Address													
Post Code													
	<b>Who can we contact in an emergency?</b>												
Name													
Tel/Mob													
Relationship													
Availability	We hope to be able to open the shop from 8-7.30pm Mon to Sat and 8-12pm on Sunday. 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
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)												
	Do you have any special requirements or needs 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: \_\_\_\_\_