

# STOKEINTEIGNHEAD COMMUNITY SHOP

## VOLUNTEER APPLICATION FORM, PROOF OF ID AND CONFIDENTIAL DECLARATION

Surname _____ Mr/Mrs/Miss/Ms/Other: _____ (delete as appropriate)
First Name(s) _____ Date of Birth _____
Address _____
Postcode _____ Email _____
Telephone numbers (Home/Mobile) _____
Emergency contact _____

### REFERENCES

Applications from volunteers who are known within the community maybe endorsed by an officer of the management committee. This application is endorsed by:

Name: \_\_\_\_\_ Position \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Other volunteers are asked to provide details of someone to supply a character reference. This will only be taken up in confidence once the application has been completed.

Referee's Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_ Email \_\_\_\_\_

### PROOF OF IDENTITY

ID confirmed Signed \_\_\_\_\_ Means \_\_\_\_\_ Date \_\_\_\_\_

### DUTY OF CARE

We are required to ensure that you are not asked to undertake tasks which could put you at risk so can you please answer the following questions.

Do you have any health issues which we need to be aware of? Yes No (please circle response)

Do you have any other problems which we need to be aware of? Yes No (please circle response)

If you have answered yes to either of these, please tell us what additional support you might need:

The details I have provided in the application are true and accurate

Signature \_\_\_\_\_ Date \_\_\_\_\_

### CONFIDENTIALITY

In the interests of business security, successful applicants are required not to discuss publicly anything relating to shop business matters or to the shop's finances.

Thank you for your support. We will use the information on this form for administration only.