



**APPLICATION FOR SHOP VOLUNTEERS**

1. (Mr/Mrs/Miss/Ms/Other) FAMILY NAME.....

OTHER NAMES : .....

Date of Birth: .....

Address: .....

.....

..... Post Code: .....

Home Tel. (If any) ..... Work Tel. (If convenient) .....

Mobile No: ..... E-Mail Address: .....

Please state how many hours you will be available each week and on which days

Hours available .....

Preferred Days :-  
(please tick)

Monday	AM	.....10am to 1pm	PM	.....1pm to 4pm
Tuesday	AM	.....10am to 1pm	PM	.....1pm to 4pm
Wednesday	AM	.....10am to 1pm	PM	.....1pm to 4pm
Thursday	AM	.....10am to 1pm	PM	.....1pm to 4pm
Friday	AM	.....10am to 1pm	PM	.....1pm to 4pm
Saturday	AM	.....10am to 1pm	PM	.....1pm to 4pm

When could you start work ? .....

Please give the names and addresses of two people (not related to you) whom we may ask for a reference. Please get their consent first.

Name 1 ..... 2 .....

Address .....

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.....

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Signed .....

Date .....