

Charity Shop Volunteer Application Form



The volunteer role you are applying for

What role are you applying for?

What location is this role based at?

Your personal details

Title First Name

Known as name Surname

Email address

Home address

Post code

Telephone (day)

Mobile

Date of birth We only use this information to confirm that you are over the age of 18

Do you have a current full UK driving licence? Yes No

Do you have the use of a car? Yes No

Are you an EU/EEA national? Yes No

If no, please provide further details:

Your availability

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Frequency

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More about you

Why do you want to volunteer with Dogs Trust?

Do you have any skills or experience that may be particularly helpful to Dogs Trust?

Have you volunteered with Dogs Trust at this or another location previously?

Yes No

If so please provide details in the box provided.

Your Health

It is important for you to tell us about any health conditions or additional support needs you may have so we can support you appropriately in your role. (Please be aware that due to the physical nature of some of our roles and the accessibility of some of our locations we may find it difficult to accommodate individual needs).

Do you have any health conditions or support needs that may affect your volunteering or that our staff should be aware of? If yes, please list the details below:

*Please be aware disclosures are strictly confidential. Where a health disclosure is made and to ensure volunteering is accessible, applicants will be referred to our occupational health advisor to ensure reasonable adjustments can be made in your role and work area

Rehabilitation of offenders act 1974

Do you have unspent criminal convictions registered against you? Yes No

If yes, this may not prevent you from volunteering with us, but please provide details of any conviction, along with your application form in a sealed envelope addressed to; **Volunteering Development Manager, Dogs Trust, 17 Wakley Street, London EC1V 7RQ.**

References

Please provide details of a referee and ensure you have their permission for Dogs Trust to contact them. Referees should include a previous employer, college/school tutor, a previous volunteer manager or someone who holds a position of responsibility in the community. We cannot accept family members, partners or people you live with as referees.

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Title		First Name		Surname	
Address					
Telephone					
Email address					
Relationship to you					

In Case of emergency

Please supply the details of someone who we can contact an emergency.

Title		First Name		Surname	
Address					
Telephone					
Email address					
Relationship to you					

Declaration

I understand that Dogs Trust will maintain my information for administration and management purposes in accordance with the Data Protection legislation.

I understand that if I am successful in my application my information may be disclosed to Dogs Trust employees responsible for volunteer coordination, health & safety representatives, Dogs Trust service managers and Emergency Services personnel if necessary.

I confirm that I understand that I will be asked to attend an informal interview for this role and if I am successful, an induction.

I understand that by declaring a health condition, I may be required to participate in an independent health assessment, the outcomes of which will enable Dogs Trust to potentially support me better in my role.

I confirm that I have completed this volunteer application with wholly accurate information at the time of submission and understand that failure to disclose information that may affect my volunteer role with Dogs Trust, may result in the offer of a voluntary role being withdrawn.

Signed

Date

When submitting this form electronically please type your name in place of a written signature, we will ask you to sign a printed copy if you are successful.