



Volunteer Form

Please see attached notes to help you complete this form

Personal Details

Surname (Mrs / Mr / Dr / Ms / Miss *) *please circle
First name(s)
Address

Post code
Phone (home) (work)
 Mobile Email (print clearly)

Please tick preferred form of contact:

E-mail
 Phone
 Mobile
 Letter

Emergency contact

Name Relationship
 Phone

TYPES OF VOLUNTEER WORK

Please tick the type(s) of work you would be interested in doing:

Administrative <input type="checkbox"/>	Retail <input type="checkbox"/>	Driving <input type="checkbox"/>
Marketing & Communication <input type="checkbox"/>	Upcycling <input type="checkbox"/>	Drivers Assistant <input type="checkbox"/>
Cleaning <input type="checkbox"/>	Sorting, pricing, merchandising <input type="checkbox"/>	Other <input type="checkbox"/>

LONE WORKING

Please indicate (tick) if you would be happy volunteering:

unaccompanied
 with others
 either

TIMES AVAILABLE

Please indicate (tick) when you can normally be available

Mon	am	pm	Tue	am	pm	Wed	am	pm	Thu	am	pm	Fri	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"/>	

am – 8.30 to 12.30 pm -12.00 to 4.00 pm

SKILLS AND EXPERIENCE

Please say what skills, experience and qualities you could bring to Essential Needs

.....

Do you hold a current driving licence?

Yes No

If Yes, date obtained

WHY DO YOU WANT TO VOLUNTEER FOR ESSENTIAL NEEDS?

.....

ANY OTHER RELEVANT INFORMATION (E.G. HEALTH OR FITNESS ISSUES)

.....

YOUR IDENTITY

Please enclose a photo-copy of **proof of identity**.

REFERENCES

Essential Needs is a charity supplying furniture and other household goods at a modest charge to people on income-based benefit. Often, these are vulnerable people and it is incumbent on us to establish the suitability and probity of applicants for the post concerned. Please provide the names of two referees.

Referees should not be related to you or to each other. They will be invited to comment on their perception of your suitability as a Volunteer at Essential Needs.

<i>Referee</i>	<i>Address</i>	<i>Email</i>	<i>Telephone</i>
1			
2			

PROBITY

Do you have a criminal record? Yes No

Because of the nature of our work, we have to ask you to let us know of any criminal convictions you have. Organisations dealing with vulnerable people are not included under the Rehabilitation of Offenders Act 1974. It is, therefore, important that you tell us whether you have ever been convicted of a criminal offence. Please give details below. Any information given will be treated in the strictest confidence. You must also inform us if you are convicted of any offence in the future.

Have you ever had an application for voluntary work turned down? Yes No

If so, please give details below

Are you aware of any ethical or legal reason why you should not be acceptable as a Volunteer?

Yes No

If so, please give details below

Do you have any personal or business interests that might conflict with those of the charity?

Yes No

If so, please give details below

DECLARATION

I declare that to the best of my knowledge the information on this volunteer form is correct.

I recognise that the failure to disclose any relevant information may result in termination of my voluntary status. Any subsequent material change to any of the information provided must be made known to the Project Manager as soon as possible.

Name (Please use block capitals):

Signature:

Date:

CONTACT DETAILS

Project Manager,
Essential Needs, Back Gladstone Street, Harrogate, HG2 8DF
Telephone: 01423 870040
Email: Essentialneeds@gmail.com
Web: www.essentialneeds.org.uk

A copy of this form, signed by the Project Manager, will be returned to you for you to keep.

Notes for Volunteers

Confidentiality Please note that the information you give on the form will be held confidentially and used only for the purposes of the safe and effective management of Essential Needs volunteers and its work.

Personal details Please underline the first name by which you wish to be known. Give your home/evening phone number and a work/daytime number. An email address is also very useful if you have one, but please give it only if you are willing to communicate by this means.

Emergency contact Please provide, contact details for your wife / husband / partner / friend / neighbour, etc. just in case.

Types of volunteer work. The types of voluntary work available will be varied and in time there should be something to suit all interests, aptitudes and experience. Please tick the kind(s) of work you would like to do.

Lone working Volunteering can be carried out alone with other Volunteers or either. Please say whether you are content to work on your own.

Times available and commitment Please let us know if there are particular times which would suit you best Please let us know if you foresee a period when you will not be available, or if you no longer wish to be a Volunteer.

Skills and Experience No skills or experience are necessary, but if you have any to offer please let us know. Relevant skills, for example, could be presentation skills, experience of working in schools or writing articles for the press.

Proof of identity Please provide evidence of proof of identity: e.g. photo-copy of a utilities bill, passport etc.

Why you want to volunteer for Essential Needs?

What has attracted you to volunteer for Essential Needs?

What do you hope to get out of volunteering?

Other relevant information

IMPORTANT PLEASE NOTE

The onus is on you to raise any health/fitness issues with the Project Manager. You should notify us of any relevant change in your fitness whilst you are a Volunteer - it is important that you are never asked to do anything which it would be unwise for you to do.