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| *Helping the homeless and vulnerable weather the storms of life*  **Volunteer Application Form**  *The Shrewsbury Ark is committed to equal opportunities and welcomes volunteers from all sections of the community*  Please complete in black ink, typed or in capitals |

**Contact details:**

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| --- | --- | --- | --- |
| FIRST NAME: | SURNAME: | | Date Of Birth |
| Address: | | Daytime telephone number:  Other contact number:  E mail: | |

**Next of Kin:**

|  |  |  |
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| Surname: | First Name: | Relationship: |
| Address: | | Tel No: |

**Availability**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please indicate the days you would wish to volunteer, The Shrewsbury Ark operates from 9am -2pm we ask for volunteers confirm their availability between our shift times as follows:-   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Monday | Tuesday | Wednesday | Thursday | Friday | | 8.45am – 1.30pm |  |  |  |  |  | | 12.00pm – 4.30pm |  |  |  |  |  | |
| What are the maximum amount of hours you are available to volunteer across the week? |

**Possible Tasks:**

Working in the kitchen (cooking, serving, washing up)

General Support and befriending

Taking names on the front door

Assisting clients access the shower, washing machine facilities.

Cleaning

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| Are there any other areas of volunteering you would be interest in? |

Please state how long would you like to volunteer for The Shrewsbury Ark and what skills you would especially like to utilise?

**General Experience/Interests**

Please give details of any interests, education background, employment history or voluntary work that support your application and show your skills, knowledge and experience for the post you are applying for.

Furthermore, please state why you would like to volunteer at The Shrewsbury Ark and what your expectations are from volunteering with us.

**Why have you chosen to volunteer with us?**

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**What are your expectations from volunteering?**

**Additional information to support your application.**

**Are you comfortable with animals mainly dogs being around you? Yes 🞏 No 🞏**

**Rehabilitation Offenders Act 1974**

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| Criminal convictions  Have you had a Criminal Records Bureau check within the last 3 years? Yes 🞏 No🞏  Have you ever been convicted of any offence, which is not considered spent? Yes 🞏 No🞏 (If yes, please provide brief details on a separate sheet and mark it private and confidential. **Declaring a conviction will NOT automatically stop you from volunteering.** |
| Do you have a disability? Yes 🞏 No 🞏  If yes, please specify in order for us to make reasonable adjustments and accommodate your needs |
| We accept applications from individuals who have experienced previous problems with drink or drugs. If this applies to you, have you achieved a period of abstinence of at least 2 years and have a permanent residence? Yes 🞏 No🞏 |

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| When can you start volunteering with us? |

**References**

Please provide the names and addresses of two professional referees (friend of the family, work colleague, teacher, voluntary work organiser, etc and **must not** be a relative or partner). Referees will only be contacted once a formal offer of volunteering agreement has been made.

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| Name:  Address:  Post code:  Tel No:  E-mail :  Relationship to you: | Name:  Address:  Post code:  Tel No:  E-mail :  Relationship to you: |

**Declaration**

The information provided in this application will be processed (as defined under the Data Protection Act 1998) for The Shrewsbury Ark monitoring purpose. All information contained within the application form will remain in strictest confidence and will not be passed on to third party without your permission only.

The facts contained in this application form and the supporting information is, true and accurate to the best of my knowledge.

I understand that if it is subsequently discovered any statement is false or misleading, or that I have withheld relevant information, my application to volunteer may be disqualified, or if I have been appointed I may be dismissed.

I consent to the processing of my information as part of recruitment and selection.

Signed: ……………………………………….….. Date: …….. / …….. / ……..

***Please note, you will need to undertake an Enhanced Criminal Record Bureau check if working one to one with vulnerable adults and young people.***

Please return your completed application form to The Shrewsbury Ark, 10 Castle Foregate, Shrewsbury SY1 2 DJ or emailed to volunteer@shrewsburyark.co.uk

**PLEASE MARK THE ENVELOPE ‘PRIVATE AND CONFIDENTIAL’**



