



Volunteer Application Form

CONFIDENTIAL

Section A: Personal Information

Name:

Address:

Postcode:

Daytime Telephone Number:	Evening Telephone Number:
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Are you disabled? Yes No

If yes, are you registered disabled? Yes No

How soon would you be able to start?

What day(s) are you available to volunteer?

How many hours can you volunteer each day?

How did you find out about volunteering for Shopmobility Manchester?

Section B: References

Please give the names and addresses of two people who can provide references. For example, an employer/former employer or someone who has known you for at least 2 years but to whom you are not related.

Name:	Name:
Address:	Address:
Postcode:	Postcode:
Tel No:	Tel No:
How does this person know you?	How does this person know you?

Section C: Additional Information

Please use this space to provide further information about yourself. You may wish to give details of:

- Previous work experience, whether paid or voluntary
- Hobbies and other relevant skills (e.g. computer skills)
- Your reasons for wishing to volunteer with Shopmobility Manchester

Please continue on a separate sheet if necessary

Declaration

I confirm that, to the best of my knowledge, the information I have provided in this application is correct. I am over 18 years of age and I realise that if I am found to have deliberately given false or misleading information, Shopmobility Manchester may dismiss me without notice.

Signed:

Dated:

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Please return this form to:

**Private and Confidential
Adrien Wright
Volunteer Co-ordinator
Shopmobility Manchester
L18 New Arkwright Way
Arndale Centre
Manchester
M4 2AJ**