# reception volunteer application form

****Personal details****

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  |  |   |  |
|  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Postcode: |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  |  Email:  |  |

****Availability****

Please tick the appropriate boxes below, to let us know when you would be available to volunteer:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning |  |  |  |  |  |
| Afternoon |  |  |  |  |  |

Skills and Experience

|  |
| --- |
| Please tell us about skills and experience which you think would be useful. |

|  |
| --- |
| Please tell us why you are interested in volunteering for us. |

Support Requirements

|  |
| --- |
| Do you have any specific support requirements?  |

****References****

Please provide 2 references from people who have known you for at least 2 years. These can be employers, work colleagues, people you have volunteered with previously, or a friend.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship |  |
| Email: |  | Phone |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship |  |
| Email: |  | Phone |  |

Equal Opportunities/Data Protection

ShelterBox is an Equal Opportunities employer and ensures no job or volunteer applicant, volunteer, employee, or worker is discriminated against either directly or indirectly.

The information you provide on this form will be held by ShelterBox Trust and used by us to process your application.  Your information will not be used for any other purpose by ShelterBox Trust, and will not be passed onto any other third party without your permission. All personal information held by ShelterBox Trust is held safely in a secure environment.

Declaration

I declare that I am aged 18 or over and that all information provided here is correct and true to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |