

Application Form - Volunteer



PLEASE COMPLETE ONLINE AND RETURN BY EMAIL TO admin@swindonnightshelter.org.uk OR CLEARLY PRINT ALL DETAILS IN BLACK INK AND BLOCK CAPITALS

PERSONAL DETAILS

Surname: _____
First Names: _____
Address: _____

Post Code: _____
Email: _____

Telephone Numbers

Home: _____ Work: _____ Mobile: _____

Date of Birth: _____ / _____ /19 _____ Marital Status: _____ Single / Married / Divorced

Nationality: _____ Profession: _____

Do you have a driving licence? _____ Y/N Do you have use of a vehicle? _____ Y/N

Current DBS Number: _____

YOUR SKILLS

What are your hobbies/Interests/Skills?

Please describe any skills, abilities or training that you have which may be helpful to the night shelter.

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Please explain why you would like to volunteer to work with the Swindon Night Shelter.

What times might you be available to help out?

Early Mornings Y/N Mornings Y/N Afternoons Y/N Evenings Y/N Overnight Y/N

How many hours a week/month would you be willing to offer? _____

We have many volunteer roles available. These include: - catering, charitable waste collection and delivery, warehouse work, van driving, van driving assistant, sales assistant, handy man work, outreach volunteer, administration assistant, training coordinator, prayer coordinator night shelter volunteer.

Are there any of these roles that particularly interest you?

Please note some of these roles have an occupational requirement for you to be a Christian.

Are you a Christian? Y/N If No Please move on to section 2

How long have you been a Christian? _____

Please tell us a little about how you became a Christian.

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Are you involved in any other charity work? If Yes, please state clearly what this involves:

Section 2

Do you know someone who already volunteers at the Night Shelter (please give their name):

Do you have an up-to-date First Aid Certificate?

Y/N

YOUR HEALTH

Do you suffer from any medical condition we need to be aware of?

Y/N

Are you currently on any medication? If so, please give details:

Y/N

Are you subject to any dietary restrictions?

Y/N

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EMERGENCY CONTACT INFORMATION

Please give the name, address and telephone number of two persons who we may contact in case of emergency.

Emergency details 1

Name: _____

Relationship _____

Address _____

Home No _____

Mobile No _____

Emergency details 2

Name: _____

Relationship _____

Address: _____

Home No. _____

Mobile No _____

REFERENCES

Two references are required, one from your Pastor (if you have one) and the other from a person of your choice. Please state their name and address:

Reference 1

Name: _____

Address _____

Home No _____

Mobile No _____

Email _____

Reference 2

Name: _____

Address: _____

Home No. _____

Mobile No. _____

Email _____

Please Return This Form To:

Jackie Mitchell
Swindon Night shelter
11 Joyce Close
Swindon
SN25 4GX

Tel: 07586420011
Email : admin@swindonnightshelter.org.uk