

Charity Shop Volunteer Form

NAME.....

ADDRESS.....

.....

..... TEL.NO.

AGE DOB

Which charity shop tasks would you most prefer to help with? (please tick)

- Serving behind the counter.
- Assisting customers and checking/tidying the rails.
- Helping to sort, steam and prepare the stock.
- Pricing various items and attaching pricing tags and labels.

Away from the shop. (Please tick)

- Collecting donations from householders by request.
- Distributing leaflets/collection sacks through letterboxes.

Have you any particular skills you feel would be an asset to our shop.
e.g.

- (a) Window dressing experience (b) a knowledge of antiques, books or collectables (c) Designing of posters and advertising leaflets or access to a personal computer.

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About yourself:

Please tell us about your work experiences, interests/hobbies and pets etc

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Have you suffered in the recent past any of the following: (Please tick)

- Asthma
- Diabetes
- Epilepsy
- Back problems

Any other serious illness, please detail:

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Next of kin..... Tel. no.....

G.P. Tel. no.....

I am available to work in the shop on: (please select)

Monday Tuesday Wednesday Thursday
Friday Saturday [Sunday (12-4)]*

*We don't currently open the shop on Sundays, but may start if enough people are interested in helping on that day.

I prefer to work the following hours:

10:30am – 1:30pm 1:30pm – 5:30pm

Other hours:.....

We are delighted that you are applying to work as a volunteer in our shop. All those working for the RSPCA are asked to provide the names of two people who have known you for a minimum of two years and can give a reference. They may be an employer, former colleague, former teacher or a neighbour, but not a relative.

1) Name.....

Address

..... Tel no

Describe how you are associated

.....

2) Name.....

Address

..... Tel no

Describe how you are associated

.....

I am happy for you to contact the person(s) named above in order to obtain a reference

Signed