

Shop Volunteer Application Form

Please complete in block capitals, all information is confidential.

1) Your Details

Title: _____ First Name: _____
 Surname: _____ Date of Birth: _____
 Address: _____

 _____ Postcode: _____
 Telephone: _____ Mobile: _____
 *Email: _____
 *By giving us your e-mail address you are opting to be contacted by e-mail.

2) Emergency Contact Details

Name: _____ Telephone: _____
 Address: _____

 _____ Postcode: _____

3) Please tick which shop you would be interested in volunteering in:

Bromsgrove	<input type="checkbox"/>	Redditch Town Centre	<input type="checkbox"/>	Headless Cross	<input type="checkbox"/>
Rubery General	<input type="checkbox"/>	Rubery Outlet	<input type="checkbox"/>	Droitwich	<input type="checkbox"/>

4) Please indicate which days you would be available for volunteering:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM

Primrose Hospice

St. Godwalds Road, Bromsgrove B60 3BW

Care t: 01527 871051 | Fundraising t: 01527 889796

E: info@primrosehospice.org | w: www.primrosehospice.org

5) Please provide one reference (Not a relative):

Reference

Title:	_____	First Name:	_____
Surname:	_____	Relationship:	_____
Address:	_____		
Telephone:	_____	Postcode:	_____
Email:	_____	Mobile:	_____

6) Are you available to attend a training/induction course? YES " NO " " delete as applicable

7) Would you be willing to help out on an ad hoc basis? YES " NO " " delete as applicable

8) Do you have any Criminal Convictions? YES " NO " " delete as applicable

If yes please give details and dates:

9) Primrose Hospice would love to keep in touch with you

We would like to keep you informed about our work and the many different ways you can support us, we will keep your details on file and will on occasion send direct mail. Please indicate below all the additional methods for how we can keep in touch with you:

Email Phone Text

Please tick here if you do not wish to receive anything from us

I would like to find out more about:

Primrose Hospice events

News and updates via Primrose newsletters

Ways that I can remember Primrose in my Will

Any other (please let us know below)

We promise to hold your data in the strictest confidence and we will not share it with any third party. For more information about our full privacy policy please visit <https://primrosehospice.org/about-us/contact-us/privacy-policy/> or contact us at info@primrosehospice.org

10) Declaration

I declare that this information is, to the best of my knowledge, true and correct, and that if I am accepted as a Volunteer with Primrose Hospice I agree to abide by the rules laid down concerning the duties of a volunteer. I understand that this voluntary work is of a confidential nature and I undertake not to breach this confidentiality.

Signed _____ date _____

Please return the completed form to Jo Wright, Volunteers Manager at the address overleaf.

Should you have any problems completing the form please contact Jo on 01527 871051 or jo.wright4@nhs.net.