

RETAIL VOLUNTEER DETAILS FORM

All information provided will be treated in the strictest confidence. If you become a volunteer, any details you provide will form your volunteering record and will be securely kept in line with current data protection legislation. If you decide not to begin volunteering, this form and any other data collected regarding you, will be destroyed.

PERSONAL DETAILS

Title:		Date of Birth:	
Surname:		First Name(s):	
Address:			
		Postcode:	
Home tel no:	Mobile tel no:	E-mail address:	

WHEN ARE YOU AVAILABLE TO HELP? Please tick					Which shop would you like to volunteer at?
Monday	Morning		Afternoon		Start date
Tuesday	Morning		Afternoon		
Wednesday	Morning		Afternoon		
Thursday	Morning		Afternoon		
Friday	Morning		Afternoon		
Saturday	Morning		Afternoon		
Sunday (Some shops only)	Morning		Afternoon		

REFERENCE

Volunteer roles are offered subject to a satisfactory reference. Please give the name of someone who has agreed to supply a reference. We will contact this person before you begin to volunteer and will keep all information shared by them securely and confidentially.

Title/name:		Relationship to you:	
Address:			
Postcode:	Tel. no:	E-mail:	

EMERGENCY CONTACT Name	Phone number	Relationship to you

KEEPING IN TOUCH

We'd like to keep in touch with you about the work of Hope House, our events and ways in which you can support us. If you do not wish to hear from us by mail or telephone, please call 01691 671 671 or email fundraising@hopehouse.org.uk. Using email and text messages helps to reduce our costs. We need your permission to do this so please tick below if you're happy for us to contact you in these ways:

- Yes, I'm happy to be contacted by email
- Yes, I'm happy to receive text messages

You can update your communication preferences at any time.

YOUR SKILLS AND INTERESTS/ RELEVANT EMPLOYMENT OR VOLUNTEERING EXPERIENCE

We will try and use your skills, experience and special interests, if they are relevant. Please tell us what they are- this can include relevant skills, knowledge, interests and training. (Please continue on an additional sheet if necessary)

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OTHER INFORMATION

Are you related to a Board Member or employee of Hope House Children's Hospices? If yes, please tell us their name and relationship to you:	If Yes / No
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Are you related to a service user or past service user of Hope House Children's Hospices? If yes, please tell us their name and relationship to you :	If Yes / No
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The role of shop volunteers can involve standing for prolonged periods and some lifting. Many of our shops have stairs. Please tell us if you need us to make any changes to enable you to volunteer:

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DECLARATION**DATA PROTECTION**

I declare that the information on this form is true and complete. I understand that if it is found that any statement is false or misleading, Hope House Children's Hospices may stop my volunteering role.

To understand how Hope House use and secure information and your rights concerning the personal information that we hold for you, please review our staff and volunteers privacy policy at: <https://www.hopehouse.org.uk/jobs/jobs/privacy-policy.html> Please call us on 01691 679 679 or email hr@hopehouse.org.uk if you have any questions about how we handle your personal information or to update your communication preferences. Hope House will never swap or sell your personal information to other organisations.

Signature

Date

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Please hand the completed form to a member of staff or post it to:
The Volunteering Team, Hope House Children's Hospices, Nant Lane, Morda, Oswestry,
SY10 9BX