

**Shop Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ST ELIZABETH’S CHARITY SHOPS

**VOLUNTEER REGISTRATION FORM**

|  |  |
| --- | --- |
| 1 | Volunteer Name: Mr/Mrs/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post Code:­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B \_\_\_\_\_\_\_\_\_\_\_\_ |
| 2 | **Emergency contact information:**  Volunteers Emergency Contact (Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact telephone detail(s): Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3 | Health & Safety:Volunteers play an important role in being responsible for their health and safety as well as that of other volunteers, staff and customers.A copy of the *Your Safety Matters* booklet will be given to you as a volunteer, where you will be asked to read and sign a form to ensure you fully understand the importance of maintaining good health and safety practices in a charity shop environment. |
| 4 | St Elizabeth’s values the time given by volunteers:As a volunteer, you must log in and out each session using Cybertill. This helps keep track of the time given by you. This record also acts as a register in the event of an emergency. |
| 5 | **References:**  **Reference 1:** Name: Mr/Mrs/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code:­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Reference 2:** Name: Mr/Mrs/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code:­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please tell us when you are available (✓ all relevant box(es)):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **AM** |  |  |  |  |  |  |  |
| **PM** |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Listed below are regular tasks and activities which our volunteers are asked to undertake. Please read through each item carefully and tick the relevant box(es). | | | |
| **Please can you tell us whether you are able or unable**  **to undertake the following tasks** |  | **✓** | **✓** |
|  | **Not Able** | **Able** |
| Walking up or down stairs |  |  |  |
| Walking up or down stairs carrying donations |  |  |  |
| Steaming clothes (sit and/or stand) |  |  |  |
| Labelling clothes and other items (sit and/or stand) |  |  |  |
| Sorting clothes (sit and/or stand) |  |  |  |
| Preparing window displays |  |  |  |
| Preparing other displays around the shop (involves carrying items to point of sale and displaying) |  |  |  |
| General tidying of shop |  |  |  |
| Washing and drying bric à brac (sitting and/or standing) |  |  |  |
| General lifting |  |  |  |
| General carrying |  |  |  |
| Working on the till (sitting and/or standing) |  |  |  |
| Cleaning (dusting shelves, steaming floors, cleaning and tidying kitchen area, cleaning toilet areas etc) |  |  |  |
| If you have any health conditions, allergies or other requirements that we should be aware of, please let us know in the space provided below: | | | |
| **Volunteer Pregnancy**: Whilst you are volunteering with us, if you become pregnant please ensure you have told your Shop Manager, so they can adhere to proper health and safety regulations while you are at work.  If you are currently pregnant, please disclose the following information:  Due date:  Planned leaving date:  Are you planning to return as a volunteer? YES NO | | | |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Once completed, please hand this form in to a member of staff at the shop you would wish to volunteer in.