

# St Chad's Sanctuary – Volunteer Application Form

## 1. Personal details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_

## 2. \_\_\_\_\_ How did you hear about St Chad's Sanctuary?

\_\_\_\_\_

\_\_\_\_\_

## 3. \_\_\_\_\_ **Why would you like to volunteer with us?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

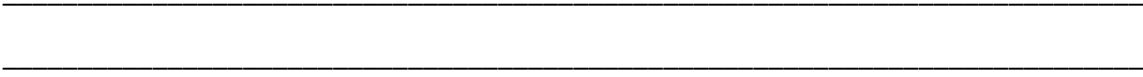
## 4. \_\_\_\_\_ **Volunteers at the Sanctuary undertake a variety of tasks. Please indicate which of the following you feel willing and able to assist with.**

- |   |   |
|---|---|
| <input type="radio"/> sorting clothes   | <input type="radio"/> sorting food/making up food parcels       |
| <input type="radio"/> registering visitors on the computer  | <input type="radio"/> working in the clothing distribution room |
| <input type="radio"/> sorting other items (bed linen, household items, toiletries etc.)                                   |   |
| <input type="radio"/> cleaning  | <input type="radio"/> serving refreshments                      |
| <input type="radio"/> welcoming visitors at the door and ensuring they know which days to come for the services they need |   |
| <input type="radio"/> teaching English  | <input type="radio"/> assisting with English classes            |
| <input type="radio"/> providing immigration/welfare advice  | <input type="radio"/> offering a 'listening ear' to visitors    |

## 5. \_\_\_\_\_ **Please tell us about any skills and qualifications (including fluency in other languages) that might be useful in your volunteering.**

\_\_\_\_\_

\_\_\_\_\_



6. \_\_\_\_\_ **W**

**Which days and times are you regularly available?**

	10.30 – 12.30	12.30 – 2.30	2.30 – 4.30
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

7. \_\_\_\_\_ **A**

**Are you intending to volunteer on an ongoing basis, or for a fixed period? If the latter, please tell us your likely start and finish dates:**

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

8. \_\_\_\_\_ **D**

**Do you have any disabilities or medical conditions that we should be aware of?**

\_\_\_\_\_

9. \_\_\_\_\_ **P**

**Please give the name and contact details of 2 people who know you well (not relatives) who are willing to act as character referees for you.**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

How do you know this person? (eg. friend, teacher, parish priest) \_\_\_\_\_

How do you know this person? (eg. friend, teacher, parish priest) \_\_\_\_\_

**10. Do you have any criminal convictions? Yes / No**

If yes, please provide details on a separate sheet enclosed in a sealed envelope.

*Please note that for some roles, a DBS certificate may be required. We will cover any necessary costs relating to this.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please return this form to: Volunteer Co-ordinator, St Chad's Sanctuary, 72 – 74 Shadwell*