



Application form



Name: -	Date of birth / /
Home Address: - Post code	Work Address: - Post code
Home phone number	Work or mobile
Email address	

Who would you like us to contact in case of emergency?

Name

Address
.....
.....
.....post code

Relationship

Contact number

What skills can you bring to YNS? Admin Maintenance Client support
(Tick as appropriate)

If you ticked Client support. Would you be interested in a full night Or a Half night

How often would you like to volunteer? Daily Weekly Monthly

If you ticked Admin or maintenance. How many hours per week could you offer

Please tell us why you would like to volunteer at the Shelter, Please include experience if any.
.....
.....
.....
.....
.....

Do you already have certificates in: - Food Hygiene First Aid Health and Safety

Do you speak any other languages Yes No If yes, specify.....

Do you have any physical limitations Yes No If yes, please tell us about it... ..
.....
.....



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Do you have any allergies that we should know about? asthma etc

.....
.....

Would you be interested in any training? Yes No

If yes, please identify areas that would be useful to you.

.....

Please tell us what skills, interests and hobbies you have:-

.....
.....
.....
.....

Are you a member of any social Groups, clubs, and committees? Yes No

If so please detail.....

.....
.....

Please give the names of two people who would provide a reference for you. One can be a friend who has known you for two years; the other must be a professional person.

Name Name.....

Address..... Address.....

.....

.....Post code..... Post code.....

tel no tel no

Relationship to you?..... Relationship to you?.....

Where did you hear about this position? Friend, Local paper, Volunteer agency, Website, other

.....

I certify that this is my usual signature

Signed.....