storeroom2010

Volunteer Application Form

Thank you for your interest in volunteering at Storeroom. If you need any assistance ask a member of staff, please call us on 01983 298679 or email us at nicksstoreroom@yahoo.co.uk

Which role would you like to apply for?

Shop Assistant ☐ Warehouse Assistant ☐ Van Driver's Mate ☐

Please tell us a little about you!

Title:	Forename:	Surname:

Address: Postcode:

Telephone:

Email:

Date of Birth:

Emergency contact name:

Emergency contact number:

Emergency contact relationship:

Relevant medical conditions or medication:

Interests:

Skills:

What do you hope to gain from volunteering with us?

Please tick ✓ as many as you wish!

To add to my CV and help me gain employment ☐ To keep myself busy ☐

To give something back to our Island community ☐ Develop new skills ☐

Share my skills and experience to help others ☐ To meet new people ☐

Other – please specify

When would you like to volunteer with us?

Please tick which box suits you for when you would be like to volunteer. If you would prefer to only attend for a few hours, please make a note of the times in each box.

If you have no real preferences, please leave this blank and we can discuss days that would best suit both you and us.

TUE	WED	THURS	FRI	SAT

How did you find out about our volunteer opportunities

Have you heard of or shopped with us before? Yes No

How would you prefer to be contacted.

Phone ☐ Email ☐

Please email your completed form to officestoreroom@yahoo.co.uk or drop into us at 1 Mariners Way, Cowes PO31 8PD.

Thank you for taking the time to complete this form.