# Retail Volunteer Application Form

## Your Personal Details

| Title: | Full Name: | Preferred Name: |
|---|---|---|

**Address:**



**Postcode:**

| Home Telephone: | Mobile Telephone: |
|---|---|

**Email Address:**

**Are you under 18 years old?**

Yes ☐          No ☐     If yes, please provide your date of birth:_____

*Please note that if you are aged 16 – 17, parental consent will be required for your volunteering. We will be in touch with further information*

## Your Volunteering

**What shop would you like to volunteer in?**



**Please give us an idea of which time slots you may be available to volunteer:**

|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|
| **Morning** |  |  |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |  |  |

**Why would you like to give your time to The Myton Hospices?**





**What skills, qualities, interests and experiences could you bring to our volunteer team?**





**Would you be willing to help out with Fundraising events and collections on an ad hoc basis?**

Yes ☐          No ☐

*If yes, you will be contacted by our Fundraising team to inform you about upcoming opportunities*

⭐ **The time that you give as a volunteer will make a huge difference…** ⭐

## Additional Information

**Nationality & Immigration Status:**
**Are you a United Kingdom (UK), European Community (EC), or European Economic Area (EEA) citizen?**
**Yes** ☐          **No** ☐          **If no, please state the category of visa you hold_____**
*This may not preclude you from volunteering, but we need to be aware of your resident status. We may be in touch to ask you for further details of your nationality and immigration status*

**Rehabilitation of Offenders Act 1974:**
**Do you have any unspent criminal convictions?**
**Yes** ☐          **No** ☐          **If yes, please provide details_____**
*Having a conviction will not necessarily prevent you from becoming a volunteer, but will need to be taken into consideration when assessing your suitability to volunteer with us*

## Data Protection

☐ (please tick) The contact details you have provided will be used in relation to your volunteering application and to ensure that we can keep you up to date with information that is related to your volunteering with us. All of this information is stored securely on our database and will only be used in relation to your volunteering.

**What is your preferred method of communication when we are contacting you about matters relating to your volunteering? (please tick your preference)**

By email – Yes ☐      No ☐          By post – Yes ☐      No ☐          By phone – Yes ☐      No ☐

In addition, we would like to keep in touch with you about our vital work and update you on our news and fundraising activities. Please tell us if you would be happy for us to contact you:
**If you would like to <u>opt in</u>, what is your preferred method of communication when we are contacting you about Myton news and fundraising activities: (please tick your preference)**

By email – Yes ☐      No ☐          By post – Yes ☐      No ☐          By phone – Yes ☐      No ☐

**If you would like to <u>opt out</u> completely of these general updates about Myton news and fundraising communications, please indicate by marking this box** ☐

*We promise to do our best to keep your details safe and secure, and will only process your data in accordance with the current Data Protection legislation. We will only communicate with you in the way(s) that you have agreed to above. If you change your mind about hearing from us, please contact the Volunteering Development Team by email Volunteering.Dept@mytonhospice.org or call 01926 838 836 to amend your preferences. For further details on how your data is stored please visit: www.mytonhospice.org/privacy-policy*

## Declaration

**I confirm to the best of my knowledge that the information I have given on this application form is true and correct. I understand that any false information given on this form may lead to any offer of volunteer work being withdrawn or my voluntary placement being terminated.**

**Signed:**                                              **Date:**

*Please return your completed form to the Shop Manager, who will then be in touch to discuss the next steps of your application*

**The time that you give as a volunteer will make a huge difference…**