**CONFIDENTIAL**

**SHILOH VOLUNTEER APPLICATION FORM**

**Please tick (√)**

**Surname:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Miss 🞎 Mrs 🞎 Mr 🞎 Ms

**Forename:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**

**Post code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone/Mobile**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Year of birth**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**How did you learn about Shiloh?**

**Why do you want to volunteer at Shiloh and what do you feel you can offer?**

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**Do you have any previous experience of working with this people group?**

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**Do you have previous volunteering experience? If so please give more information:**

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**What is your current or most recent employment/education/voluntary work?**

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**Which team(s) are you interested in joining** (Please tick)

🞎 1) Welcome Team 🞎 2) Kitchen Team 🞎 3) eBay Team 🞎 4) Activities/Courses Team

1&2) Every Wednesday or Friday 10.15am – 1.15pm

3) Monday & Fridays between 9-4pm

4) Ad hoc & time limited – any day & could include cooking, bike maintenance, ICT & outdoor activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please give details of when you are able to volunteer.** (Please tick all that apply)

🞎 Monday 🞎 Tuesday 🞎 Wednesday 🞎 Thursday 🞎 Friday

Times\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References**

Please provide the name, home address or email address and contact number of two referees. Your referees should have known you for at least 2 years and can be employers, former employers, colleagues, ex-colleagues or other professionals (social worker, GP, religious leader, tutor). 1 referee can be a personal friend.

**Referee One Referee Two**

Name: Name:

Address: Address:

Relationship to You: Relationship to You:

How long you have known them: \_\_\_\_\_\_\_\_\_yrs How long you have known them: \_\_\_\_\_\_\_\_yrs

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Are you over 18?**

This is for insurance and safeguarding purposes

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**General Data Protection Regulation**

We will use the personal information collected on this form to process your application and to communicate with you about volunteering. We may also contact you with information about Shiloh and its activities and other ways in which you can help.

If you do not wish to receive this information, please tick the box 🞎

## Please email your application to [volunteer@shilohrotherham.org.uk](mailto:volunteer@shilohrotherham.org.uk) or post it to:

Volunteer Applications

Shiloh Rotherham

15 Station Road

Masbrough

Rotherham

S60 1HN