|  |
| --- |
| FOR ALL ABOARD COMPLETION ONLY |
| LOCATION / SHOP: |  |
| NAME OF MANAGER CHECKING ID: |  |
| PHOTO ID:Type of Document, ID number and Expiry Date |  |
| PROOF OF ADDRESS:Type of Document and Date of Document |  |

Thank you for your interest in volunteering with All Aboard. Please complete this form in full. If you have any queries regarding your application, please call the Volunteer Coordinator at Head Office on 0208 381 1717 or mobile 07593 388106 or email : volunteering@allaboardshops.com.

All Aboard works to create equal access to opportunities for voluntary involvement while continuing to base selection solely on ability to meet the requirements of the post. This is irrespective of age, disability, gender, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation, irrelevant offending background, responsibility for dependents, economic status or political values.

**Please note the minimum age volunteer we are able to take is 16 years.**

**It is the responsibility of the volunteer to ensure that he/she has the right to volunteer in the UK.**

**All Aboard is unable to act as a sponsor organization if you do not have a visa that allows you to volunteer.**

**TITLE:** Mr/Mrs/Ms/Miss **SURNAME** **FORENAME**………………………………………

**LANDLINE TELEPHONE** **MOBILE**

**ADDRESS**……………………………………………………………………………………………………………………………….

 **POSTCODE**

**EMAIL** …………………………………………………………………………………………………………………………………...

**DATE OF BIRTH.**......................................................

**YOUR PREFERRED SHOP / LOCATION**

**HOW DID YOU HEAR ABOUT THIS VOLUNTEERING OPPORTUNITY?**

**WHAT WOULD YOU LIKE TO GAIN FROM VOLUNTEERING AT ALL ABOARD?**..........................................................

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

**ARE YOU**: AT SCHOOL ☐ AT COLLEGE ☐ JOB-SEEKING ☐ RETIRED ☐ LOOKING FOR WORK EXPERIENCE ☐ OTHER ☐

**PLEASE CIRCLE SHOWING YOUR AVAILABILITY:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| morning | morning | morning | morning | morning | morning | morning |
| afternoon | afternoon | afternoon | afternoon | afternoon | afternoon | afternoon |

**DO YOU HAVE EXPERIENCE IN RETAIL OR VOLUNTEERING?** YES ☐ NO ☐

If yes, please provide detail and dates

**CONVICTIONS: DO YOU HAVE AN UNSPENT CRIMINAL CONVICTION OR ARE YOU SUBJECT TO ANY CRIMINAL REGISTERS/ORDERS?** YES ☐ NO ☐

If yes, please provide details and dates. A prior or pending conviction may not prevent you from volunteering, but failure to disclose information will result in immediate termination of our agreement. This information will be kept in strictest confidence.

**ARE YOU SUPPORTED BY A CARE AGENCY OR CARER OR DO YOU NEED ANY SUPPORT REQUIREMENTS IN ORDER TO CARRY OUT YOUR VOLUNTEERING?** YES ☐ NO ☐

If yes, please confirm your permission for us to contact them. This assists us in ensuring we understand you and helps us to ensure you are well supported in your role with us. YES ☐ NO ☐

Please provide, name, phone number and email

**DO YOU HAVE ANY CHALLENGES/ DISABILITIES THAT MIGHT MAKE VOLUNTEERING DIFFICULT FOR YOU IN A CHARITY SHOP RETAIL ENVIRONMENT? DISCLOSING SUCH DIFFICULTIES WILL NOT NECESSARILY PRECLUDE YOU FROM VOLUNTEERING.** YES ☐ NO ☐

**THE NAME OF WHO SHOULD WE CONTACT IN AN EMERGENCY?**

RELATIONSHIP TO YOU ….....PHONE NUMBER……………………………

☐ **TICK HERE IF YOU ARE UNDER 18.** We require signed consent from your parent before you can volunteer. By signing this form, parents acknowledge that All Aboard staff and volunteers do not have DBS checks, and there may be occasions where under 18s will volunteer with only one adult supervising. Please note the youngest age we accept for volunteering is 16 years.

**NAME (in block capitals) AND SIGNATURE OF PARENT** ………………………………………………………………………………

**WE REQUIRE 2 REFEREES:** The first referee can be current or previous employers, college tutors, school teachers, community leaders, employees of charities where you have volunteered or who support you, independent third parties, training organisations, but **not** your GP. The second referee can be a personal referee such as a friend, but not family. By providing this information, we will presume you have your referees’ permission to give us their email address & telephone number and you agree for us to contact them.

**1**. NAME/TITLE ORGANISATION

REFEREE’S ROLE

ADDRESS PHONE NUMBER

EMAIL …………………………………………………………………………

**2**. NAME ORGANISATION

REFEREE’S ROLE / TITLE

ADDRESS ………………………………………………………...

PHONE NUMBER

EMAIL …………………………………………………………………………

**DECLARATION OF APPLICANT**

**I confirm that the above information is correct and complete.**

**I understand that** All Aboard Shops Ltd. will usethe information provided here as part of the decision making process regarding my suitability for volunteering, and if successful, the information will be used and kept to form my personal record and will be retained for the period set out in our employee and volunteer Data Protection Compliance Statement. I understand the contact information provided will be used strictly in order to enable my volunteering role with All Aboard. All Aboard abides by The General Data Protection Regulations May 2018. Our Data Protection Compliance Statement is available to view on our website at <http://www.allaboardshops.com/> and our Data Protection Policy is available to view in our Volunteer Handbook in each of our shops. Both the Statement and Policy set out how the personal data we will hold about you will be processed, why we process it and the lawful basis we rely on for doing so.

**APPLICANT SIGNATURE** ………………………….**DATE**………………………………

If you are asked to attend an interview at one of our shops or at Head Office please bring this completed form with you. You will also need to bring photo ID such as a passport or driving licence, and proof of address such as a utility bill (dated from within the last three months). Without these we are unable to process your application.