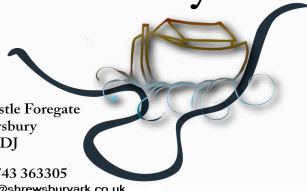


The Shrewsbury Ark

10 Castle Foregate
Shrewsbury
SY1 2DJ

T: 01743 363305
E: ark@shrewsburyark.co.uk



Volunteer Enrollment Form

This form is designed to help you consider the volunteer role you are interested in taking. SHREWSBURY ARK is committed to equal opportunities and welcomes interest for voluntary work from all members of the community.

Personal Details

Name:

Address:

Post Code:

Home Telephone:

Business/ mobile telephone:

Email address *(if available)*

Skills and Attributes

Please give your reasons for wanting to do voluntary work:

Briefly describe the skills/experience/training etc which you could bring to your voluntary work based on past employment, hobbies etc.

How did you hear about voluntary work for SHREWSBURY ARK?

Details of any languages spoken:

Any other relevant information

Details of Availability (please mark in the boxes)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
Evening							

Approximately how many hours a week are you able to volunteer for?

Please indicate below if your interest in volunteering with us is likely to be for a limited duration (e.g. due to travel plans, other commitments)

Please indicate if there is a particular type of volunteer work which you are interested in (tick all that apply)

Support Worker	<input type="checkbox"/>	Kitchen Assistant	<input type="checkbox"/>
Administrative Assistant	<input type="checkbox"/>	Project Assistant	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

Are there any other areas of volunteer work that you are interested in or you think we could benefit from? (please give details)

Are there any special requirements that you need to support your volunteering?

Location

SHREWSBURY ARK is situated at 10 Castle Foregate in Shrewsbury. We are opposite the Shrewsbury Railway Station

References

Please give below the names, addresses and telephone numbers of two people who can provide a reference for you, who are not family members. We will let you know before we obtain your references.

1st Referee	
Name	
Name of organisation (<i>if applicable</i>)	
Address	
	Post Code
Telephone Number	Email address
Relationship to you:	

2nd Referee	
Name	
Name of organisation (<i>if applicable</i>)	
Address	
	Post Code
Telephone Number	Email address
Relationship to you:	

Declaration

To the best of my knowledge all the information given on this form is correct. I consent to SHREWSBURY ARK holding and using my personal data in connection with volunteering.

Signed:..... Date:

Thank you for answering these questions. Please also complete the Voluntary Criminal Record Disclosure Form attached

*Please then return all forms to:
The Manager, SHREWSBURY ARK, 10 Castle Foregate, Shrewsbury, SY1 2DJ*