



FITTLEWORTH STORES

Fittleworth Community Shop and Cafe Volunteer Application Form

Name: Mr/Mrs/Miss/Ms

Address:

Telephone: Home **Mobile**.....

Email:

Age: (please circle) 14 -17 18 – 39 40 – 64 65 – 79 80 +

Signature of parent or guardian if under 18:

A) I would like to volunteer for regular weekly 2 hour shift(s).

1) My preferred time slot(s) are: (please tick)

	MON	TUES	WED	THURS	FRI	SAT	SUN
AM							
PM							
Post Close							

During the above time slot(s) I am unavailable: before after
(please complete if appropriate)

OR

2) I do not mind which day/time my shift is (tick if appropriate)

Do you have experience of working in a shop or cafe? (please circle) Yes No

I have a strong preference to work in the: (please circle) Shop Cafe Don't mind

B) I would like to offer other help in the shop or cafe on an adhoc basis.

My skills include



FITTLEWORTH STORES

Person to be contacted in case of emergency:

Name:

Telephone:

Any relevant medical information?
.....
.....

Any other information?
.....
.....

Data protection statement

Fittleworth stores will store the information you have provided to us on this form so we can contact you about volunteering in the shop and cafe, organise rotas, provide you with information of interest to you as a volunteer in the shop and cafe, and contact the individual named on the form as your emergency contact when so required. We will destroy this information when you cease to act as a volunteer. We will not divulge your information to any third parties.

We may also from time to time use photos of our volunteers for publicity purposes. Please sign below to confirm if you are willing for your photo to be used in this way.

Signature.....

Photo not to be used

Signature

Please return completed forms either to Fittleworth Stores or by email to fsvolunteers@outlook.com