

# Volunteer Application Form

This form should be used by anyone wishing to be a Volunteer in **Kenny Charity Shop**

## Personal Details

Full Name

Address

&

Postcode

Telephone

Mobile

Email

Emergency Contact

Your Availability  
(Day & Time)

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
am							
pm							

What are your reasons for wishing to be a volunteer ?

Information to support your application

How did you  
hear about  
this opportunity

### **Medical History**

If there is any information in your history that you believe we should be aware of or that might put you at risk please give brief details below.

### **References**

Please give details of two people whom we can approach for references. (these should not be relatives)

#### **Referee one**

Name :  Tel:

Address  
&  
Postcode

#### **Referee two**

Name :  Tel:

Address  
&  
Postcode

Please sign and date this form as an acceptance that you have agreed to the above references being followed up.

Signed  Date

Please complete and return this form to :

**Kenny Charity Shop**  
**300 Kensington, Liverpool**  
**L7 2RN**

