*Equal opportunities will be afforded to all volunteer applicants in all stages of the recruitment process. Appointment will be based solely on merit and without regard to issues of sex, disability, marital or civil partnership status, gender reassignment, race, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community. The Trust is committed to integration of people with disabilities into everything we do and expects all staff to share this commitment.*

Please complete this form in BLOCK CAPITALS and return it to the store you requested it from or to Fundraising Team, Dame Hannah Rogers Trust, Woodland Road, Ivybridge, Devon, PL21 9HQ

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Personal Details** | | | | | | | | | | | | | | |
| **Title:** |  | **Forename:** | | |  | | | | **Surname:** | | |  | | |
| **Address:** | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Post Code:** | | | | | |  | | | **Date of Birth:** | | | |  | |
| **Home Telephone Number:** | | | | | |  | | | | | | | | |
| **Mobile Telephone Number:** | | | | | |  | | | | | | | | |
| **Email Address:** | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 1. **In an emergency who should we contact?** | | | | | | | | | | | | | | |
| **Name:** | | | | | |  | | | | | | | | |
| **Contact Number:** | | | | | |  | | | | | | | | |
| **Who is this person to you?:**  **ie. Partner, Relation, Friend** | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 1. **Where (specific shop or warehouse) & When do you want to volunteer:** | | | | | | | | | | | | | | |
| **Shop Location:** | | | |  | | | | | | | | | | |
| **What Days & Times are you available:** | | | |  | | | | | | | | | | |
| **Are you responding to a specific volunteer advert?** | | | | | | | | | | **Yes / No** | | | | |
| **If yes which advert?** | | |  | | | | | | | | | | | |
| 1. **What I would like to be involved in while volunteering** | | | | | | | | | | | | | | |
| **Below is a list of some of the roles which we carry out day to day within our Charity Shops. Please indicate if any of these roles are of a particular interest to** | | | | | | | | | | | | | | |
| **Receiving & sorting of incoming donations** | | | | | | |  | **In store Housekeeping** | | | | | |  |
| **Pricing stock & merchandising** | | | | | | |  | **Window & stock displays** | | | | | |  |
| **Counter service including cashier work** | | | | | | |  | **Delivery Van** | | | | | |  |
| **Customer Service** | | | | | | |  | **Do you hold a full UK driving licence** | | | | | |  |
| **Warehouse – Stock sorting, placement & picking of orders** | | | | | | |  | **Do you have any driving convictions or points currently on your license** | | | | | |  |
|  | | | | | | | | | | | | | | |
| 1. **Previous Experience**   **Have you previously worked in a retail or warehouse environment? If so please provide some details of your experience to date:** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 1. **Hobbies & Interests –**   **Do you have any hobbies and interests which you feel we could utilise?** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 1. **What do you want to gain from your volunteering?**   **ie. work experience, expand on your existing skills, social activity etc** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 1. **Do you need any additional support while you are volunteering?** | | | | | | | | | | | | | | |
| Meeting your needs: if you have any health or disability challenges that mean you require additional support, please tell us so we can ensure this support is in place.  A disability is defined as ‘A physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day to day activities’ | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 1. **References** | | | | | | | | | | | | | | |
| We **MUST** have two satisfactory references in place before we can confirm your volunteering. Where possible ensure that at least one of the referees is/was your current employer or supervisor.   * If you are unemployed but have previously worked this should be your last employer or supervisor. * If you have never been in employment and you are at school/college/university then you could get your head-teacher or tutor to be a referee. * If you have never had a paid employment and you cannot call upon a teaching establishment, it could be a previous line manager at a volunteering role or someone within the community who has known you for more than 5 years. * References will not be accepted from relatives or people writing solely in the capacity as a friend.   We can also discuss your referees when we meet if you are having difficulties.  **Let your referees know we will be in contact and that the details provided are correct** | | | | | | | | | | | | | | |
| **Reference 1** | | | | | | | | **Reference 2** | | | | | | |
| **Name:** | |  | | | | | | **Name:** | |  | | | | |
| **Address:** | |  | | | | | | **Address:** | |  | | | | |
|  | |  | | | | | |  | |  | | | | |
|  | |  | | | | | |  | |  | | | | |
| **Telephone:** | |  | | | | | | **Telephone:** | |  | | | | |
| **Email:** | |  | | | | | | **Email:** | |  | | | | |
| **Relationship:** | |  | | | | | | **Relationship:** | |  | | | | |
| **Time Known:** | |  | | | | | | **Time Known:** | |  | | | | |
| 1. **Convictions** | | | | | | | | | | | | | | |
| If the post is not one covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, you will be required to declare unspent convictions but only at interview stage.  If the post meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, all applicants who are offered employment will be subject to an enhanced criminal record check from the Disclosure and Barring Service before the appointment is confirmed. This will include details of spent and unspent cautions, reprimands or final warnings as well as convictions and any other information that may have a bearing on my suitability for the post.    In accordance with the Disclosure and Barring Service Code of Practice, you will be required to complete a Disclosure of Criminal Convictions Form if you are invited for interview and a discussion will take place at interview about any criminal convictions.    In the event of succeeding as a volunteer, any failure to disclose convictions as above could result in dismissal or disciplinary action by the Trust.    **A criminal record will not necessarily stop you volunteering within the Hannahs Charity Shops** | | | | | | | | | | | | | | |
| **Do you have any criminal convictions we should be aware of:** | | | | | | | | | | | **Yes / No** | | | |
| **Conviction Details:** | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| 1. **Declaration** | | | | | | | | | | | | | | |
| * I confirm that the information I have given on this Application Form is true and correct to the best of my knowledge. * I confirm that I am not on ‘barred list’ and am not disqualified from working with vulnerable adults or subject to sanctions imposed by a regulatory body. * I confirm that I am not living in the same household as another person who is on ‘barred list’ and/or disqualified from working with vulnerable adults * I understand that providing false information is an offence which could result in my application being rejected or (if the false information comes to light after my appointment) summary dismissal and may amount to a criminal offence. * I consent to the Trust processing the information given on this form, including any 'sensitive' information, as may be necessary during the recruitment and selection process. * I consent to the Trust making direct contact with the people specified as my referees to verify the reference. | | | | | | | | | | | | | | |
| **Signed:** | | |  | | | | | **Date:** | |  | | | | |

Valuing Diversity Form

Dame Hannah Rogers Trust believes in valuing diversity. The Trust will provide equal opportunities to any volunteer and will not discriminate either directly or indirectly on the grounds of race, colour, ethnic origin, nationality, national origins, sex, sexual orientation, religion or belief, marital status, age or disability.

In order to assess how successful this policy is we have set up a system of monitoring all applications. We would therefore be grateful if you would complete the questions on this form. All information will be treated in confidence and will be stored separately and used only to provide statistics for monitoring purposes. Thank you for your assistance.

**Name:**

**Please tick the appropriate box for each question:**

**GENDER** Female 🞏 Male 🞏

**MARITAL STATUS** Married 🞏 Single 🞏 Other:

**ETHNIC GROUP**

I would describe myself as: (tick the appropriate box to indicate your cultural background)

**Asian or Asian British Mixed**

Indian 🞏 White and Black Caribbean 🞏

Pakistani 🞏 White Black African 🞏

Bangladeshi 🞏 White Asian background 🞏

Any other Asian background 🞏 Any other mixed background 🞏

**Black or Black British** **White**

Caribbean 🞏 English 🞏

African 🞏 Irish 🞏

Any other Black background 🞏 Scottish 🞏

**Chinese or other ethnic group** Welsh 🞏

Chinese 🞏 Any other White background 🞏

Any other 🞏

**If you have answered ‘any other’ please specify below**

|  |
| --- |
|  |

**DISABILITY**

Do you consider that you have a disability within the meaning of the DDA 1995 (a substantial and long-term adverse effect on your ability to carry out normal day to day activities?)

YES 🞏 NO 🞏

If yes, please state the nature of the disability/disabilities

**RELIGION or BELIEF**

**SEXUAL ORIENTATION**