

FIFE SHOPMOBILITY LIMITED

VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with Fife Shopmobility Ltd.

Please complete the following details and return the form to any Shopmobility office. The form can also be sent electronically to kirkcaldy@shopmobilityfife.uk

The information will be treated as confidential.

Full Name......................................................................................................................

Address..........................................................................................................................

................................................................ Postcode....................................................

Telephone No. Day................................. Evening......................................................

Mobile..................................................... Email.........................................................

Present/Previous Employment......................................................................................

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Have you ever been convicted of an offence? YES/NO

Do you have any medical problem which might be relevant to your voluntary work?

YES/NO

Do you have experience of voluntary work? YES/NO

If yes, please specify.....................................................................................................

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References: Please give the names and addresses of two people who are willing to provide references. If you have worked in the past five years, at least one reference should be obtained from your last employer either paid or voluntary.

Name....................................................... Name....................................................

Address................................................... Address................................................

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

Telephone No......................................... Telephone No......................................

Email....................................................... Email....................................................

In what capacity do you know Referee? In what capacity do you know Referee?

I understand that the above information will only be made known to appropriate persons connected with Fife Shopmobility on a confidential basis to which I give my consent.

Signed....................................................... Date......./......./......