

Please complete all below (all information provided will be treated confidentially):

### REGISTRATION FORM FOR SHOP VOLUNTEERS

Section 1 – Personal information	
Title	
Surname	
First Names	
Address	
Main contact telephone number	
Alternative contact telephone number	
Email	
Date of Birth	
Do you have any special needs or medical conditions relevant to the Volunteer post? (eg. allergies, access requirements etc.)	
Emergency Contact Name	
Emergency Contact No.	
Relationship to you (e.g. spouse)	
<b>Section 2 – References</b>	Please supply two character references (not relations) one of whom has known you in a professional capacity. We prefer to use email contact so please provide an email address if possible.
<b>Reference 1:</b>	
<b>Reference 2:</b>	
Name	Name
Address	Address
Telephone	Telephone
Email	Email
Relationship to you	Relationship to you

**Office use only**

Rcvd date:

Ack date:

Meeting date:

Refs rcvd:

Training started:

Notes:

<b>Section 3 – Availability</b>	(please note that this is just a guide and we will discuss your shift pattern with you before you start)
What is your likely availability? (Please tick all appropriate)	Monday ( <input type="checkbox"/> ) Tuesday ( <input type="checkbox"/> ) Wednesday ( <input type="checkbox"/> ) Thursday ( <input type="checkbox"/> ) Friday ( <input type="checkbox"/> ) Saturday ( <input type="checkbox"/> ) Sunday ( <input type="checkbox"/> )
How often will you be available to volunteer? (Please tick)	Weekly ( <input type="checkbox"/> ) Twice weekly ( <input type="checkbox"/> ) Other (please state how often):

**Section 4 - Skills and experience**  
 Past/Present employment

Professional qualifications,  
 specialist skills and other relevant  
 training  
 Other hobbies and keen interests

Other Volunteering experience

Please return this completed form  
 to [shop@bptrust.org.uk](mailto:shop@bptrust.org.uk)

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