

# Charity Shop Volunteer Application Form

(In Confidence)

# N-Vision

A Visionary Blind Society In The North West

Full Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

Do you have a full driving licence? Yes/No

If so, do you have access to a car and would be willing to use it in the course of voluntary work?  
Yes/No

### Emergency Contact Details

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

### Referees:

Please give the names address and telephone number of two referees (neither referee should be a relative and one reference should be given in a professional capacity)

Name and Address (1)

Name and Address (2)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate any particular times when you would be available

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Shift 1 9.30am– 1.30pm						
Shift 2 1.30pm – 4.30pm						

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The applicant is invited to give any additional relevant information. This should include details of appropriate professional and personal experience, training and skills.

Have you ever been convicted of a criminal offence?  
(which is not a spent conviction under the Rehabilitation of Offenders Legislation)

YES/NO

If yes, please give further information:

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This appointment is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. You are therefore not entitled to withhold information about convictions which for this purpose are "spent" under the Provisions of the Act, any failure to disclose such convictions could result in dismissal. Any information given will be kept in strict confidence and used only in relation to the position to which the order applies.

I confirm that the above information is correct. I understand that any false information or deliberate omissions will disqualify me from becoming a volunteer or may render me liable for dismissal from voluntary work with N-Vision.

I consent to N-Vision using and keeping information I have provided on this application form or elsewhere as part of the volunteer recruitment process and/or personal information supplied by third parties such as referees, relating to my application. I understand that the information provided will be used to make a decision regarding my suitability to become a volunteer and if successful the information will be used to form my volunteer record and will be retained for the duration of the time I am a volunteer with N-Vision. If I am not successful I understand that N-Vision will retain the form for as long as is deemed necessary.

Signature \_\_\_\_\_

Date \_\_\_\_\_