

Thank you for registering your interest in volunteering at LWS Night Shelter. Please complete the following form and return it to us either via email: [LeamingtonWS@gmail.com](mailto:LeamingtonWS@gmail.com), or print and post it to: Leamington Prior’s Club, Tower St, Leamington Spa, CV31 2DR

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| Volunteer Application |  |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| Postcode |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## I am over 18

## Volunteer Training

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| --- | --- |
| **Availability**  During which hours are you available for volunteer assignments? By ticking these boxes you are not committed to working these shifts, it just gives us an idea and helps us to plan  **Friday**  Evenings  Overnight  **Saturday**  Mornings  Evenings  Overnight  **Sunday**  Mornings | Special Skills or Qualifications *Please summarise any relevant skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports* |
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We will give you an induction when you arrive for your first shift, including house rules and Code of Conduct.

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| --- | --- |
| Interests*Please tell us in which areas you are interested in volunteering* Catering  General setting up and clearing away  Collecting food donations and food shopping  Overnight supervisor  Door security *(does not require you to have done SIA training)* | Please tick the following if they apply to you *Again, these qualifications are not necessary, but give us an idea of the training we need to provide.*  DBS Checked  Food Hygiene Certificate  SIA Door Supervisor Training  SIA Door Supervisor License  Safeguarding Training  First Aid Training |

## Previous Volunteer Experience

### Please summarise any relevant voluntary work or experience. Prior experience is not a requirement.

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### **What would you like to gain from volunteering with us?**

### Your motivation might be work-related such as adding something to your cv, or personal, such as gaining satisfaction or meeting new people – or both. This information helps us to provide you with a productive volunteering experience.

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### **Do you have any support needs, access requirements or medical conditions you feel we should know about, in order to provide you with a safe and enjoyable volunteering experience?**

### This information will be kept confidential. Details will only be shared with relevant members of staff with your permission.

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## Person to Notify in Case of Emergency

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| --- | --- |
| Name |  |
| Street Address |  |
| Postcode |  |
| Home Phone |  |
| Work Phone |  |
| Relationship to you |  |
| E-Mail Address |  |

## Referees

We require two character references who have known you for **at least a year***. Please note: a referee can be a minister of religion, an employer, a tutor at college, or any reputable person. They should not be a relative or a person with whom you live or share a house.*

**Referee 1**

|  |  |
| --- | --- |
| Name |  |
| Occupation |  |
| Street Address |  |
| Postcode |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

**Referee 2**

|  |  |
| --- | --- |
| Name |  |
| Occupation |  |
| Street Address |  |
| Postcode |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Important Information on Confidentiality:

Please note. Leamington Winter Support CIC will use your information for administration, providing services and carrying out statistical research. In carrying out these purposes we may have to contact you by mail, telephone, or email. By signing this form, you consent to our processing your personal data for the above purposes. You have a right to ask for a copy of your information and correct any inaccuracies.

We will not share any of your information with third party organisations.

## Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975

In order to protect vulnerable clients it may be necessary for checks to be made on volunteers. You are applying to volunteer with potentially vulnerable adults and as such this work would be exempt from the provision of the Rehabilitation of Offenders Act 1974.

To assist with any checks we may make, we require you to disclose details of any convictions including ‘spent’ convictions. If you have been convicted of any offences please give details. Any information given will be kept confidential.

## Please provide details as appropriate

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## Volunteer Agreement

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

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| --- | --- |
| Name (printed) |  |
| Date |  |

## You will be asked at a later date to sign a form to declare that all information provided in this application is correct.

## Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, ethnicity, religion, national origin, gender, sexual preference, age, or disability.

## Finding us

To reach the premises, walk South (away from the Parade) down Clemens Street until you reach the bridge. Before crossing it, turn left past the café (opposite side of the road to Procaffeinate) and you will see the Priors Club sign on the building. Ring the doorbell, or knock if it is between 11pm and 8:00am, and we’ll let you in.

For people who do not live in Leamington Spa, take an 11 or U1/U12/U17 bus and get off at the stop outside the All Saints Church after crossing the river, then walk South (the direction the bus was going before you got off) until you find Clemens Street after crossing a crossroads.

**Thank you for completing this application form and for your interest in volunteering with us. We will get back to you as soon as possible!**