Minstead Community Shop

Volunteer Application Form

Name:

Address:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Telephone: | Home: |  | Mobile: |  |  |
|  |  |  |  |
|  |  |  |  |  |  |
| Email: |  |  |  |  |  |
|  |  |  |  |  |
| Age (if under 18) |  |  |  |  |
|  |  |  |  |  |  |

Please tick and complete either A or B:

**A: I would like to volunteer for regular shifts each week**

How many shifts would you like to do each week? ………………..

Tick your preferred shifts in the table below (please give as many options as you can we will only offer you the number you have requested).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Day of Week |  |  | Shift Times |  |  |
| Monday | 08.00-11.00 |  | 11.00-14.00 |  | 14.00-17.00 |  |
| Tuesday | 08.00-11.00 |  | 11.00-14.00 |  | 14.00-17.00 |  |
| Wednesday | 08.00-11.00 |  | 11.00-14.00 |  | 14.00-17.00 |  |
| Thursday | 08.00-11.00 |  | 11.00-14.00 |  | 14.00-17.00 |  |
| Friday | 08.00-11.00 |  | 11.00-14.00 |  | 14.00-17.00 |  |
| Saturday | 08.00-11.00 |  | 11.00-14.00 |  | 14.00-16.30 |  |
| Sunday | 08.00-11.00 |  | 11.00-14.00 |  | 14.00-16.30 |  |

**B: I would like to volunteer but I do not want a regular shift**

Please give approximate number of shifts you might do, and days that you might be

available (there is no commitment, but it helps us with planning) …………………

Are you interested in becoming a Duty Manager Volunteer? Yes / No

Any other information (e.g. if you want to volunteer with a friend, special requirements etc)

…………………………………………………………………………………………………………………………………

Return form to: Annabel Bruxner-Randall at the shop or email to minsteadcommunityshop@gmail.com.

For further information phone Annabel on 02380 813242 or email minsteadcommunityshop@gmail.com