



## SHOP VOLUNTEER APPLICATION FORM

Name (Mr/Mrs/Miss/Ms) .....

Address .....

Tel Number .....

Date of Birth.....Occupation .....

Next of kin & Emergency Tel.No.....

Any criminal convictions YES/NO .....

Are you currently active for any other voluntary organisation? YES/NO

Preferred shop:.....

### AVAILABILITY

Please state days (am/pm) when you would normally be available

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM

**REFERENCE:** Please give details of ONE person not related to you

- i) Name .....
- ii) Address .....
- iii) Post Code .....iv) Tel Number.....

All information given in this application is true to my knowledge and belief.

Signed ..... Date .....

Please return completed form to  
 Mrs Phyllis Jones, Retail Co-ordinator, St Kentigern Distribution Centre,  
 7-10 Victoria Trading Estate, Abergele Road, Bodelwyddan, Denbighshire, LL18 566  
 Tel. 01745 583170