

The Fair Trade Shop (Southampton) Ltd

Application Form for Volunteer Shop Assistant

Surname
Forename(s)
Address
.....
..... Post Code

Date of birth

Tel. No
Mobile No.
Email address

Are you in good health? YES/NO

If No, please give brief details
.....
.....

Do you have a disability which may affect your ability to do shop work? YES/NO

If YES, please give brief details
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Interests/Hobbies

Have you been convicted of any criminal offence? YES/NO

(Declaration subject to the Rehabilitation of Offenders Act)

If YES, please give details
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REFEREES

Please give the name, address and telephone number of two people who can comment on your ability to do this work. At least one should be a work or school referee

1st Referee Name
Address
Tel No
Occupation

2nd Referee Name
Address
Tel No
Occupation

When are you available to start working?

Signed Date

Please return the completed form to, 106 Shirley High Street, Southampton SO16 4FB

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