

APPLICATION FOR VOLUNTEERING AT OUR SHOP

West Dorset Mencap is a local society founded by parents to help provide a better quality of life for children and adults with learning disability living in West Dorset. We are inclusive of everyone and can offer a positive place of work enabling you to learn new skills.

1. APPLICANT'S DETAILS:



Your Name



Your Address



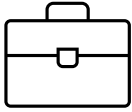
Your Email Address



Your Telephone Number



Your Date of Birth



2. Tell us about any skills, interests and experiences that may help you as a volunteer including any previous work / voluntary roles. We will give you any training you may need.



3. Are there any tasks / jobs you would not be able to carry out? If yes, please give details below:



4. Have you got a carer / one to one support?

Yes ☐

No ☐

If you answered Yes to this question, please skip to question 7.



5. Do you have any medical conditions that it is helpful for us to know about? (this includes mental health)

Yes ☐

No ☐

If yes, please tell us about it



6. Do you have any other support needs that we should know about, including any medication?

Yes ☐

No ☐

If yes, please tell us about it

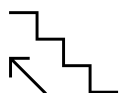


7. Do you have any allergies?

Yes ☐

No ☐

If yes, please tell us about it



8. Could you manage the stairs in our shop (our toilet is located upstairs)

Yes ☐

No ☐

West Dorset Mencap needs to speak to two people who you know to check you are the right person for this volunteer role.

Reference 1 - Name



Relationship to you: For example a neighbour/ support worker or colleague. They cannot be a relative or partner.

Phone Number



Email address



Reference 2. Name

Relationship to you: (For example: a neighbour/ support worker or colleague. They cannot be a relative or partner.)

Reference 2 continued Phone Number



Email address



West Dorset Mencap need to know the name of somebody important to you that we could contact in an emergency:

Emergency Contact Name



Relationship to you: (For example: Partner, Friend, Mum, Dad, Grandad, Support Worker)

Phone Number



Declaration

I confirm that the information I have given is true. I agree that if any information is not true or if I have missed out any important information, I may not be able to get the job as a volunteer.

Signed



Date



Please now post this form to:

**The Shop Manager
West Dorset Mencap
54 East Street
Bridport
Dorset. DT6 3LL**

Or send by email to:

secretary@westdorsetmencap.org.uk

West Dorset Mencap will let you know when we have received your application and we will let you know if you have been successful shortly afterwards.