**Volunteer Application Form**

If you would like to help with the Horsham Churches Night Shelter **in any way** during the winter of 2019/20 please complete all sections of the form below. Volunteer details are essential for insurance purposes and are held at Horsham Matters, which has overall responsibility for running the Shelter.

Volunteers will be part of teams at one or more church venues. Each team will cover the relevant shifts for one night per week on a roughly ‘two weeks on, two weeks off’ basis between 1 December and 31 March. There will be an appointed shift leader for each team to whom all volunteers will be responsible.

Please complete **all parts** and **both sides** of this form and return to **Horsham Matters, Micah House, Blatchford Road, Horsham, RH13 5QR.** Please write clearly so that we can read your details, **especially the email address** as this will be our primary means of communication with you.

|  |  |
| --- | --- |
| Name  |  |
| **Email** |  |
| Phone number |  |
| Church (if applicable) |  |

Please indicate below your **volunteering preferences**. As far as we can we will allocate you to your preferred session. However, if in order to open the Shelter we need to ask you to volunteer on a different day, we hope you will consider this as a service to the Shelter and its guests.

On which **day** **of the week** would you like to volunteer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate below your **preferred session(s)** to volunteer:

* Cooking the evening meal
* Evening shift 6pm-9.30pm
* Overnight shift 9pm-6.30am
* Breakfast shift 6am-8.30am
* Transporting equipment to the next venue (usually from 8am) **[No guest interaction]**
* Receiving equipment at the next venue (usually from 8am) **[No training required]**

**Equal Opportunities**

We welcome volunteer applicants with a range of abilities for the skills they bring. We aim to create a positive environment that enables all volunteers to realise their full potential. So that we can consider any appropriate adjustments to the volunteer environment and better support you in your role, please give details below of any disabilities or health issues (e.g. bad back).

Under the rehabilitation of Offenders Act 1974, do you have any unspent criminal convictions?

Yes  No 

If you have ticked yes, please summarise details on a separate sheet. Having a conviction will not necessarily stop you from volunteering, but will need to be taken into consideration when assessing your suitability for this role.

|  |
| --- |
| **References** |
| If you are a member of a church, please ask your Church Leader to sign this form, below: | Alternatively please provide details of at least one referee: |
| Leader’s Name: | Name: |
| Signature: | Address: |
| Church: |
| Signatory’s role in Church: | Relationship: |
| Phone: | Phone: |
| Email:  | Email: |

**Next Steps**

You will be contacted to confirm your volunteering arrangements as well as a date for familiarisation/training at the venue you will be volunteering at.