



VOLUNTEER CONTACT FORM

Please complete this form if you would like to apply as a volunteer with Kidzade Ltd at either the Paignton or the Torquay Shop. Please then return the form to:

Rachel David, WCM, PO Box 300, Paignton, Devon, TQ4 6XW.

Your Details

Please note that all answers will be held in the strictest confidence.

Name:

Address:

Postcode:

Telephone Number:

Mobile:

Date of birth (optional):

Any medical problems we should be aware of? (e.g. Diabetes, asthma, back problems)

If yes, do you need to keep your medicine with you at all times?

Please give the name and number of an emergency contact

Have you ever been convicted of a criminal offence, or have any criminal convictions pending? Yes/No

Is your name on the sex offenders' register? Yes/No

Your Referee's Details

Please provide the name of a person who will provide you with a reference. (This person must not be a relative)

Name:

Address:

Post code:

When can you volunteer?

Please specify which Kidzade shop you would prefer:

Paignton

Torquay

Both

Don't Mind

Day(s) to be worked (please specify morning or afternoon)

Thank you for volunteering for Kidzade Ltd. We expect our volunteers to always be polite, helpful and well presented and are striving to maintain a standard of excellence in all that we do. We could not do this without your help and appreciate your commitment very much.

Please read and sign the declaration below.

I declare that I have truthfully answered the above questions to the best of my knowledge. I understand that if I have given any false information my services can be terminated at the directors' discretion.

Signed:

Dated:

Kidzade is a limited company (Number 5777748) All profits from Kidzade are given to WCM helping children across the world (registered charity 1001691)

www.kidzade.co.uk

www.wcm-online.co.uk