

Volunteering

Personal Details							
First N	ame			Surname			
Addres	SS						
Postcode			Home Phone				
Date of Birth			Mobile Phone				
Email /	Address						
Emergency contact (in case of an accident or illness while you are at HFS)							
Name				Phone Number			
Do you have any support needs? Please let us know about any illness, disability or condition that we need to be aware of							
or any arrangements we need to make to ensure you are safe and comfortable.							
Do you have any history of back prob			blems?			Yes / No	
Availability (Please tick all the days that you might be available to volunteer).							
Most people volunteer 9:30 – 4:00 on regular days but other arrangements are possible.							
0	Monday						
0	Tuesday						
0	Wednesday						
0	Thursday						
0	Friday						
0	Saturday						
What volunteering role would you like? (please tick all that apply):							
 Helping in the warehouse, Helping on the vans, Helping customers in the 				Helping customers in the			
arranging items of furniture		collecting and delivering			store, answering the phone,		
	and getting orders re	ady for		o people as well as		dealing with enquiries,	
delivery.				booking in collections.			
What	do you hope to achi	eve throu	igh volunteering?	(please tick all that	apply):		
0	Something to do	o N	Make friends	Learn new	/ skills	 Better chance of 	
						getting work –	
						looks good on CV	
0	Support the	0 5	Save things from	Training		o Other	
	community	٧	waste	opportuni	ties		

Why do you want to volunteer for HFS?						
What are your goals at this mamont?						
What are your goals at this moment?						
How can we help you achieve your goals?						
The wear we help you demete your godie.						
Have you volunteered before? If so where and why did it end?						
,						
Please provide us with contact details of someone wl	no could provide a reference for you.					
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Name:	, , , , , , , , , , , , , , , , , , ,					
	,					
Name: Address:	,					
Address:	, , , , , , , , , , , , , , , , , , ,					
Address: Contact Number:						
Address:						
Address: Contact Number:						
Address: Contact Number: How do you know this person?						
Address: Contact Number: How do you know this person? Which store would you like to volunteer at? Please tie	Çk					
Address: Contact Number: How do you know this person? Which store would you like to volunteer at? Please tie Hastings store	ck O Bexhill Store					
Address: Contact Number: How do you know this person? Which store would you like to volunteer at? Please tie Hastings store 6-10 Dorset Place	ck O Bexhill Store 47 London Road					
Address: Contact Number: How do you know this person? Which store would you like to volunteer at? Please tie Hastings store 6-10 Dorset Place Hastings	ck O Bexhill Store 47 London Road Bexhill on Sea					
Address: Contact Number: How do you know this person? Which store would you like to volunteer at? Please tie Hastings store 6-10 Dorset Place Hastings East Sussex	ck O Bexhill Store 47 London Road Bexhill on Sea East Sussex					
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