



# Retail Volunteer Application Form

Please complete form using block capitals

Shop Name		T Code	
Title	Surname		
Forenames		Date of Birth	
Address		Postcode	
Telephone Number		Mobile	
Email			

Do you have any health conditions that could impact your volunteering? If yes please give details.

*By providing health information, you are consenting to us processing this data for the purpose set out above.*

Do you have any unspent convictions or subject to any criminal registers/orders? YES / NO if yes, please give further details  
*We reserve the right to carry out a DBS check*

**Referees (non family members)** We will contact the nominated people for your reference

Name		Name	
Relationship		Relationship	
Email		Email	
Telephone Nos.		Telephone Nos.	

**Emergency Contact**

Name		Relationship	
Telephone Nos.			

What experience or skills can you bring to support your volunteering role?

**Why did you choose to volunteer for BHF? Please tick**

Connection to cause  
 To meet people  
 Work experience / learn new skills / build cv  
 Duke of Edinburgh award  
 To do something worthwhile  
 Other

**How did you hear about volunteering at BHF shops? Please tick**

Word of mouth / recommendation  
 In the shop  
 Recruitment Poster  
 BHF website / jobsite  
 Social media  
 Job Centre / volunteer centre

**How would you like to hear from us?**  
 We would love to send you information on our life saving research and how you can help us keep more hearts beating through fundraising, events and volunteering opportunities. Please tick below to tell us how you want to hear from us:

Post Yes  No       Email Yes  No       Phone Yes  No       Text Yes  No

We take your privacy seriously and will never sell or swap your details with third parties. You can withdraw your consent to be contacted at any time by calling 0300 330 332 or by emailing supporterservices@bhf.org.uk. Information about how we protect and use your personal data is set out in our privacy policy – [bhf.org.uk/privacy](http://bhf.org.uk/privacy).

**Declaration**  
 By completing this form you are consenting to us adding you to our database, and to be able to contact you in connection with your volunteering. There is no intention to create a legal relationship. I am acting as a volunteer and I expressly confirm I am not an employee. I will not undertake any physical tasks unless I am confident and capable and have received appropriate training. The details I have provided on this form are true and accurate and I will update you of any changes.

Signed: \_\_\_\_\_ DATE: \_\_\_\_\_

Countersigned: \_\_\_\_\_ Print Name \_\_\_\_\_ DATE: \_\_\_\_\_

*Volunteers under 18 are required to have this form countersigned by a parent or guardian.*

MANAGER & VOLUNTEER TO COMPLETE – INDUCTION TRAINING			
Volunteer cannot commence volunteering until read and signed			
	Date	Volunteer's Signature	Manager's Signature
Induction Book Completed			
Start Date		Manager to initial proof of ID seen	Manager to ✓ confirming references received

Distribution: Scan to Field Administration Department

In order to comply with legislation, the copy must be filed with the volunteer Training Record in a locked cabinet