***Havering Shopmobility Association***

**Registered Charity No. 1051614**

**1 The Brewery, Waterloo Road,**

**Romford RM1 1AU**

**Tel: 01708 722570**

**E Mail: haveringshopmo@btconnect.com**

**Web Site: www.shopmobilityromford.co.uk**

No

Yes

Mobile

Home Telephone

Postcode

Home Address

Email Address

Date of Birth

User No.

Surname

No

Yes

Are you currently a Registered ***User*** of Havering Shopmobility?

Forename

Title

**Application as a Volunteer**

No

Yes

Are you ***Registered***

Disabled?

Are you disabled?

Would you have special needs as a volunteer to help with your disability?

Do you have criminal convictions, including ‘spent’ convictions, or court cases pending?

No

Yes

Details

Continue over

**Chairman: Mike Joyce**

**Giving Independence & Freedom to people with disabilities**

**Also at:**

**The Liberty 01708 765764**

Tell us about yourself, for example recent jobs, hobbies, experience working with people with disabilities. What can you offer? Why do you want to be a volunteer? Continue on a separate sheet if needed

If you need help to complete this form, or would like to discuss any aspect of your application, please contact us.

Date

Signature

I apply for voluntary work with Havering Shopmobility

I agree to support the aims of the association to the best of my ability.

The information I have given is true and complete to the best of my knowledge.

Address

Postcode

Telephone

How long have they known you?

Name

Address

Postcode

Telephone

How long have they known you?

Name

Details of two referees who have known you personally for at least 2 years and will give their opinion of your suitability for this role. They should not be related to you.

When completed, this form should be returned to:

The Co-ordinator, Havering ShopMobility Association

1 The Brewery, Waterloo Road,

Romford, Essex, RM1 1AU