



113, Nun Street, St Davids, Haverfordwest, Pembrokeshire, SA62 6BP.

### Volunteer Application form

This form is confidential; it will only be seen by people taking part in the selection process

### All volunteers at Shalom House will be subject to a Disclosure & Barring Service Check

Name:

Address:

Post code:

Telephone Number Home:

Email:

Mobile:

Where did you find out about Shalom House?

Why do you want to volunteer for Shalom House?

How much time are you able to commit?

Do you own a car?

Yes / No

Do you hold a clean driving license?

Yes / No

Are you insured for voluntary driving?

Yes / No

Times available

	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Am							
Pm							

Other details: (for example evenings / nights)

What skills and experience do you have to offer Shalom House?

Do you have a disability? Yes / No

If yes give details

Do you have any health problems Yes / No

If yes give details:

Please give the name of two referees:

Name

Address

Tel

Email

Position / Relationship

Name

Address

Tel

Email

Position / Relationship

Please return the completed form to - Allyson Burrows, Shalom House  
Thank you for offering to volunteer, we will contact you as soon as we can