

ST ELIZABETH’S CHARITY SHOPS

**VOLUNTEER REGISTRATION FORM**

**Shop Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| 1 | Volunteer Name: Mr/Mrs/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post Code: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B \_\_\_\_\_\_\_\_\_\_\_\_ |
| 2 | **Emergency contact information:**  Volunteers Emergency Contact (Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_  Contact telephone detail(s): Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3 | Health & Safety:Volunteers play an important role in being responsible for their health and safety as well as that of other volunteers, staff and customers.A copy of the *Your Safety Matters* booklet will be given to you as a volunteer. |
| 4 | St Elizabeth’s values the time given by volunteers:As a volunteer, you must log in and out of each shift using Cybertill. This helps us keep track of the time given by you. This record also acts as a register in the event of an emergency. |

**Please tell us when you are available (✓ all relevant box(es)):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **AM** |  |  |  |  |  |  |  |
| **PM** |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Listed below are regular tasks and activities which our volunteers are asked to undertake. Please read through each item carefully and tick the relevant box(es). | | | |
| **Please can you tell us whether you are able or unable**  **to undertake the following tasks** |  | **✓** | **✓** |
|  | **Not Able** | **Able** |
| Walking up or down stairs |  |  |  |
| Walking up or down stairs carrying donations |  |  |  |
| Steaming clothes (sit and/or stand) (training will be provided) |  |  |  |
| Labelling clothes and other items (sit and/or stand) |  |  |  |
| Sorting clothes (sit and/or stand) |  |  |  |
| Preparing window displays |  |  |  |
| Preparing other displays around the shop (involves carrying items to point of sale and displaying) |  |  |  |
| General tidying of shop |  |  |  |
| Washing and drying bric à brac (sitting and/or standing) |  |  |  |
| General lifting |  |  |  |
| General carrying |  |  |  |
| Working on the till (sitting and/or standing) |  |  |  |
| Cleaning (dusting shelves, steaming floors, cleaning and tidying kitchen area, cleaning toilet areas etc.) |  |  |  |
| If you have any health conditions, allergies or other requirements that we should be aware of, please let us know in the space provided below: | | | |
| **Volunteer Pregnancy**: Whilst you are volunteering with us, if you become pregnant please ensure you have told your Shop Manager, so they can adhere to proper health and safety regulations while you are at work.  If you are currently pregnant, please disclose the following information:  Due date:  Planned leaving date:  Are you planning to return as a volunteer? YES NO | | | |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return via email to [fundraising@stelizabeths.org.uk](mailto:fundraising@stelizabeths.org.uk) or post/drop in to the shop you want to volunteer in. A full list can be found at www.stelizabeths.org.uk

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| --- |
| StEs_logo_col.png  **Everyone who works at St Elizabeth’s is responsible for:**   * Acting consistently with the Centre’s mission, values and ethos * Treating others with courtesy and respect, valuing diversity and difference * Acting in the interests of, and being an ambassador for, the organisation * Safeguarding and promoting the welfare of adults and children * Safeguarding the health, safety and welfare of self and others, including vulnerable adults and children * Complying with accountabilities, rules, policies and professional boundaries * Maintaining confidentiality and declaring any potential duality/conflict of interest * Contributing to effective performance and service delivery * Owning individual responsibilities and sharing team objectives * Working with professionalism, integrity, cooperation and collaboration * Keeping skills and knowledge up to date * Raising any serious concerns with managers promptly   **Everyone who works at St Elizabeth’s can expect:**   * To be treated politely with respect and courtesy by other staff * An effective corporate and local induction, and a probationary period * Clear, agreed objectives for your job set within a clear team plan showing how your role fits in with team, service and Centre objectives * The necessary resources and line management support * Appreciation of your efforts, contribution and achievements * Zero tolerance of discrimination, bullying and harassment   **VALUES: Staff are expected to embrace an organisational ethos that:**   * Respects the rights and dignity of everyone regardless of their circumstances, recognising their uniqueness, their individual aspirations and needs * Provides learning and development opportunities to enhance informed choice, empowerment and independence for personal decision making by pupils, learners and residents * Develops and expects professionalism, integrity and excellence in employees, working as a team * Promotes equal opportunities and social inclusion, celebrates diversity and challenges inequality * Involves and is open and accountable to those with an interest in its service including pupils, students, learners, residents, relatives, carers, commissioners and regulators * Is outward looking, flexible and progressive; a learning organisation collaborating in partnership with other agencies and professionals to provide responsive and continuous improvement in its services * Volunteers found to be stealing property from the premises will either at the discretion of management be prosecuted or asked to leave the premises and be banned from all the organisations premises. |
|  |

Volunteer: I confirm that I read and understand the values of St Elizabeth’s.

St Elizabeth’s Values

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

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**VOLUNTEER REFERENCE FORM**

# PRIVATE AND CONFIDENTIAL

**Name of volunteer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to volunteer:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How long have you known the volunteer?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**With your knowledge and experience of the volunteer, please comment on his/her suitability to work with us. Please include comments about his/her honesty, reliability, health, ability to work in a team, general attitude and experience. Appropriate training is given to all applicants.**

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### Are there any further comments you would like to add?

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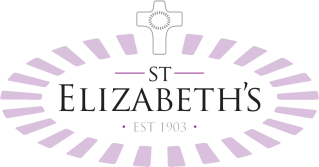
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**Name**: ……………………………………… **Signed:** ……………………………………

**Date**: ………………………………………….



**Volunteer Induction Checklist**

**Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
|  | Volunteer | Manager |
| Registration Form |  |  |
| Interview |  |  |
| References |  |  |
| Read and understand the H&S Booklet |  |  |
| Read the Shop Risk Assessment |  |  |
| Read Fire Risk Assessment |  |  |
| Read and understand St Elizabeth’s Values |  |  |
| Steamer Training Logged in Health and Safety File |  |  |
| Lifting / Moving |  |  |
| Understand Gift Aid process |  |  |
| Till Training |  |  |
| Donation Training / Pricing |  |  |
| Customer Service Training |  |  |

Managers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_



**Volunteering with St Elizabeth’s**

**Mentoring / Supervision Form**

**X 3 Annually**

**1 of 3**

**Attendees**

Volunteer’s name:

Manager’s name:

Meeting date and time:

**Volunteer Questions** (record discussion in relevant box/separate sheet of paper if necessary)

|  |
| --- |
| 1. Summarise the tasks the volunteer has undertaken, and the progress the volunteer has made supporting the running of the shop. |
| 1. Discuss any issues. |
| 1. Discuss and agree any future tasks. |

Managers Signature:

Volunteers Signature:



**Volunteering with St Elizabeth’s**

**Mentoring / Supervision Form**

**X 3 Annually**

**2 of 3**

**Attendees**

Volunteer’s name:

Manager’s name:

Meeting date and time:

**Volunteer Questions** (record discussion in relevant box/separate sheet of paper if necessary)

|  |
| --- |
| 1. Summarise the tasks the volunteer has undertaken, and the progress the volunteer has made supporting the running of the shop. |
| 1. Discuss any issues. |
| 1. Discuss and agree any future tasks. |

Managers Signature:

Volunteers Signature:



**Volunteering with St Elizabeth’s**

**Mentoring / Supervision Form**

**X 3 Annually**

**3 of 3**

**Attendees**

Volunteer’s name:

Manager’s name:

Meeting date and time:

**Volunteer Questions** (record discussion in relevant box/separate sheet of paper if necessary)

|  |
| --- |
| 1. Summarise the tasks the volunteer has undertaken, and the progress the volunteer has made supporting the running of the shop. |
| 1. Discuss any issues. |
| 1. Discuss and agree any future tasks. |

Managers Signature:

Volunteers Signature: