

Shopper-Aide Ltd

Shopper-Aide Ltd Company No. SC397358 / Scottish Charity No. SC 042272



Volunteer Application

Name: _____ D.O.B _____

Address: _____

Contact No. (s) _____

Mobile No: _____

Email: _____

Emergency Contact: _____

Relationship: _____

Phone No. _____

Mobile No: _____

Days and times available

Mon	
Tues	
Wed	
Thur	
Fri	

Hours available per week (circle as appropriate) 1-2 hrs 3-4 hrs 5-6 hrs 7-8 hrs More

Volunteering Opportunities – tick choice

Collecting Shopping Lists

Registered Office: 23 Longrow, Campbeltown PA28 6ER,
01586 55 1600



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Shopping	<input type="checkbox"/>
Admin & IT	<input type="checkbox"/>
Befriending	<input type="checkbox"/>
Extra Help	<input type="checkbox"/>
Cover of Office	<input type="checkbox"/>
Help at short notice	<input type="checkbox"/>
Social Media	<input type="checkbox"/>
Marketing	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>
Serving at Water of Life Cafe Wednesday 2pm-4.30pm	<input type="checkbox"/>
Transport to Water of Life Cafe Wednesday 2pm-4.30pm	<input type="checkbox"/>
Old Pals Network Campbeltown/Clachan/Carradale	<input type="checkbox"/>

Would you be able to support a Monthly Sunday Social Club? Yes No
Please circle answer

Training Opportunities

Would you like to do training YES NO

If yes please tick which courses you would be interested in:

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	YES	NO	Already Gained	Expiry Date
Food & Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Health and Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Manual Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Moving and Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Falls Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Telecare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Please let us know of any certificates you already have:

Can you suggest a course not already mentioned which you would like to access:

Individual Learning Account (ILA)

Do you already have an ILA?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If no would you be interested in applying for one on line.
(We can help you with this process)

<input type="checkbox"/>	<input type="checkbox"/>
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Volunteering Experience

Please provide information on any volunteering experience you have and why you

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would like to help Shopper-Aide.

Some volunteering work with us may require you to use your own vehicle and you will need to let your insurance company know if you do not have business insurance (there should be no extra cost to you). We will need to keep a copy of your insurance documents.

Vehicle Details (if applicable)

Make:

Registration No.:

Business Insurance: Copied:

Disclosure? Yes No Number

Signature: _____

Date: _____

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