

Volunteer Onboarding Form.

Start Date:

End Date:

To be worked through with all interested volunteers following their introductory chat.

Contact Information

Full name:		Address including postcode:	
Date of Birth: / /			
Age ☐ Under 18 ☐ 18-24 ☐ 25-65 ☐ 65+			
Photo ID: ☐ Driving license ☐ Passport ☐ ID issued by supporting organisation		Email:	
*Copy of ID must be included in volunteer's file		Phone:	

Were you referred to us by a person or organisation? If so, please let us know the name of your supervisor, their email address, telephone number and their organisation

If not, how did you find out about this volunteering opportunity?

Type of volunteering:

☐ Warehouse Assistant ☐ Retail Assistant ☐ IT Reuse ☐ Work Placement

Availability:

Monday ☐ AM ☐ PM Thursday ☐ AM ☐ PM
 Tuesday ☐ AM ☐ PM Friday ☐ AM ☐ PM
 Wednesday ☐ AM ☐ PM Saturday ☐ AM ☐ PM

Why are you interested in volunteering with CFS?

☐ To support the charity and help increase our capacity ☐ To improve my wellbeing
☐ To gain work experience and develop employability skills

Is this your first time volunteering (for any organisation)?

☐ Yes ☐ No

Emergency contact details

Contact's name:	Address:	
Contact's phone number:		
Contact's relationship to you:	Town/city:	Postcode:

If you approached us directly, please enter the name of a referee that knows you from education or a previous job. **Please note that as we need to keep a copy of your reference in your volunteer file, we are unable to receive references by phone.**

Referee Name	How do you know the referee?
Email Address:	

Need to Know Information

This information aims to help the Community Furniture Store provide a safe and suitable work environment for all volunteers. Any information you provide will be kept confidential and shared only with internal staff members on a need-to-know basis.

Please note that we evaluate volunteers on a case-by-case basis, and the information you provide will not automatically disqualify you from working with us, however they may mean we need to carry out a further risk assessment or adjust the type of volunteering you are doing.

Do you have an offending history not considered spent under the Rehabilitation of Offenders Act 1974?

☐ NO ☐ YES *(Please do not provide details here – you will be asked to complete a separate disclosure form)*

Do you consider yourself to have a disability or other medical condition we should be aware of?

☐ NO ☐ YES *(Please complete the Risk Assessment questionnaire)*

Is there anything else we should know, or that we could do, to make your time at CFS more comfortable, enjoyable, or safe?

This could include any reasonable adjustments we could make

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What's your current employment status? Please tick all that apply.

☐ Job seeker	☐ Part time employed (including self-employed)
☐ Full time employed (incl. self-employed)	☐ Part time student
☐ Full time student	☐ Long term sick or not in work due to medical reasons
☐ Retired	☐ Not seeking full time work
☐ Asylum Seeker	

For supervisor to complete:

Does a disclosure form need to be filled in by the volunteer?

- ☐ NO
- ☐ YES (Volunteer to complete a separate disclosure form and Risk Assessment Questionnaire)

Has the volunteer has disclosed a disability or mentioned about the need to consider reasonable adaptations in order to volunteer?

- ☐ NO
- ☐ YES (Volunteers who approached us directly to complete the Risk Assessment Questionnaire, if the volunteer is referred by another organisation, the questionnaire should be completed by their key worker)

Does an individual risk assessment need to be undertaken before this volunteer begins volunteering?

- ☐ NO
- ☐ YES (Please forward Risk Assessment Questionnaire to Volunteer Coordinator for it to be written).

Does a PEEP need to be completed before this volunteer begins volunteering?

- ☐ NO
- ☐ YES (Please complete as appropriate and add a copy of it to the volunteer file)