

# Oldham Community Night Shelter Volunteers Form

## Personal Detail:

Full Name:.....Date of Birth:.....

Address:.....  
.....Post Code:.....

Email:.....Mobile:.....

Church Link (If Any).....

## Emergency Contact Details:

Emergency Contact Name:.....

Relationship to you:.....

Email:.....Mobile:.....

Do you have any medical condition we should be aware of:.....  
.....

## Character References: eg Venue Leader, Responsible Person, Church Leader....

First Reference Name:.....

Relationship to you:.....

Email:.....Mobile:.....

Second Reference Name:.....

Relationship to you:.....

Email:.....Mobile:.....

## Volunteering:

Shelter Location:.....

Night(s) of the Week: (Please Circle) Mon Tues Wed Thurs Fri Sat Sun

Shift Available: (Please Circle) Evening (7-9) Overnight (9pm-8am) Morning (7-9)

Frequency: (Please Circle) Weekly Fortnightly As When Needed

Other Relevant Information eg Experience, Skills, First Aid etc.....

**I agree that all the information on this form is correct**

**Sign:**.....**Date:**.....

**Data Protection:** Please note that all data will be stored in compliance with the General Data Protection Regulation (GDPR).

Do you agree to receive communication from Oldham Community Night Shelter in the following ways

**Please Circle:**      Email                              Telephone                              Text

**Thank you for volunteering - Please return this form to:**

Mr D Saville  
1 Bellingham Close  
Shaw, Oldham, OL2 7UU  
Email: david@adsaville.me.uk