



**Every woman deserves
respect and support**

Shop Volunteer Parent/Guardian Consent Form

All the information you provide on this form is confidential and will not be passed on to a third party. For more information on our privacy policy please visit:

<https://leedswomensaid.co.uk/privacy-policy/>

Applicants details

Forename(s)		Surname	
Telephone		E-Mail	
DOB		Type of Volunteering	DofE/Regular/School Work Exp.

Parents/Guardians details

Title		Forename(s)	
Surname			
Telephone	Home	Mobile	
Relationship to the applicant			

Does the young person applying for this position have any disabilities, difficulties or health issues we should be aware of?

Yes (please provide details in the below box)		No	
Please provide details of any disabilities, difficulties or health issues we should be made aware of (can be completed on other side of sheet);			

Declaration

I give my consent for the named applicant to volunteer at Leeds Women's Aid charity shop and undertake relevant tasks as outlined in the role profile

Signature:

Print Name:

Date: