At Emmaus South Manchester we have a passion for repurposing, designing, creating and upcycling. We do this with donated textiles and furniture and we stop them from being thrown away

If you like getting out and about and are physically fit, we’re looking for dedicated and skilled volunteers to drive and crew our Luton tail-lift van - for safety and companionship reasons, all collections and deliveries require 2 volunteers.

If you have time to spare and want to help grow a new homelessness charity, then we want to hear from you. Take a look at the key tasks that we are looking for and tick the ones that you are interested in. Please identify the key skills and experiences that you can bring to our organisation.

|  |  |  |  |
| --- | --- | --- | --- |
| **Tasks** | **✔** | **Skills | Experience** | **✔** |
| DRIVER |
| Full, clean driving licence |  | Good driving skills |  |
| Experience driving a tail-lift van |  |
| Vehicle checks |  | Knowledge of vehicle safety checks experience |  |
| Driving and route planning |  | Knowledge of local/regional road networks |  |
| CREW & DRIVER |
| Customer service |  | Customer relationship skills |  |
| Completing collection/delivery paperwork |  | Writing, organisation & planning skills |  |
| Safely loading/unloading the van |  | H&S/manual handling procedures/regulations, Space organisation & planning skillsLiaising with Workshop supervisors |  |
| Processing and storing the collected items |  |  |

**Working from our Workshop at St Andrew’s**

As a volunteer van driver/crew member you would be based from our workshop at St Andrew’s Methodist Church. Ideally, we are looking for someone who can commit to at least one half day (10am-1pm or 1pm-4pm) per week, work collaboratively with other team members and have an enthusiastic, can do attitude. You might also like to consider volunteering in our furniture or textile workshops.

**Volunteer safety**

We value every member of our volunteer team and so we will provide you with a full induction when you start. Our Risk Assessment Policy ensures that all staff and volunteers can work safely - we continue to implement HANDS - FACE – SPACE and a one-way system throughout the building.

Please complete and submit the application form overleaf to Mark Booth at info@emmaussouthmanchester.org.uk. Or post to the address below.

|  |  |  |
| --- | --- | --- |
| Forename: | **Surname:** | **Address:** |
|  | Mr/Mrs/Ms/Miss/Other |
| Tel No: | **Post Code:** |
| Emergency Contact Name: | **Tel No:** |

**Where would you prefer to work?**  EMMAUS WORKSHOP **|** HOME **|**  RETAIL SHOP/POP-UP EVENTS

(Please circle or highlight)

**Other activities you might be interested in:** WORKING WITH TEXTILES **|**  UPCYCLING FURNITURE **|** GENERAL HELP/ADMIN

(Please circle or highlight your interests) SUPPORTING SALES EVENTS **|**  BAKING **|**  SOCIAL MEDIA

## When are you are available to support us? (Please circle, or highlight, the days and times). Evening work is for volunteers wishing to work from home:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| am | pm | eve | am | pm | eve | am | pm | eve | am | pm | eve | am | pm | eve | am | pm | eve |

|  |
| --- |
| Is there anything else you’d like us to know about you? |
|  |
|  |
|  |

**Are you in possession of a full driving licence?** YES | NO

**Have you ever been convicted of a criminal offence?** YES | NO

*(if YES please provide details - because of the nature of the work you cannot withhold any information about “spent” convictions under the Rehabilitation of Offenders Act 1974)*

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**Do you have any health problems or disabilities for which we need to make provision?**

…………………………………………………………………………………………………..…………………………………………………………………………………………………..……

**Please provide contact details for 2 people who can give you a reference** (the referees should not be a relative)

|  |  |
| --- | --- |
| **Name:** | **Name:** |
| Address: | Address: |
| Post Code: | Post Code: |
| Tel No: | Tel No: |

**Signed** ……………………………………………………………… **Date** ……………………………………………….