



Leighton Linslade Homeless Service

Registered Address: 21, North Street, Leighton Buzzard, Bedfordshire LU7 1EQ
Registered charity number 1182990 email address: info@homelessllhs.org.uk

Tel: 01525 381129
Mobile: 07842122429

NAME:

Title: Mr/ Mrs/ Miss/ Ms

First name:

Last name(s):

ADDRESS:

TELEPHONE NUMBERS:

Home:

Mobile:

Contact number in case of emergency:

E-MAIL ADDRESS (please make digits/letters/symbols clear - thank you)

ENHANCED DISCLOSURE (DBS) - required only for specific roles*

For the work of LLHS: No Yes Date:

For other work: No Yes Date:

I give permission for the Leighton Linslade Homeless Service to hold my details as given above on the understanding that they will only be used in connection with this service.

Signed: Date:

Please indicate the days and frequency you will be available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday



Leighton Linlade Homeless Service

Please indicate which of the following areas you would consider helping with in the shelter:

<p>Helping with evening cover which involves preparing and serving food; clearing away after meals:</p> <p>5:30 - 6:30: <input type="checkbox"/></p> <p>6:30 - 7:30: <input type="checkbox"/></p> <p>7:30 - 10:00: <input type="checkbox"/></p>	<p>Helping with education program - visiting schools/organisations to explain our work: <input type="checkbox"/></p> <p>Helping at daytime drop-in 11am - 2pm</p> <p>Wednesday/Thursday <input type="checkbox"/></p>	<p>Helping by collecting food donations from local supermarkets <input type="checkbox"/></p> <p><u>*when our regular collectors are unavailable</u></p> <p><i>Please leave contact details for what could be short notice requests for help. Thank you.</i></p>
<p>Helping cover for night shifts by doing a sleepover at the shelter. <input type="checkbox"/></p> <p><i>This would not be a 'wake night' and you would always work with a more experienced volunteer or member of staff</i></p>	<p>Helping with gardening/DIY: <input type="checkbox"/></p>	<p>Helping with collective participation in sponsored Sleep Out/Fund raising activities: <input type="checkbox"/></p>

Please indicate any training you have undergone which is relevant to this working environment:

<p>First Aid: <input type="checkbox"/></p> <p>Food Hygiene: <input type="checkbox"/></p> <p>Drug and alcohol awareness: <input type="checkbox"/></p>	<p>Coping with challenging behaviour: <input type="checkbox"/></p> <p>Mentoring and befriending: <input type="checkbox"/></p> <p>Mental health awareness: <input type="checkbox"/></p>
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I would like to receive news of what is happening at the Black Horse Night Shelter so please let me know of any activities and fund raising events. I am happy to receive news and information by e-mail.

Signed: Date:

