

Cirencester Foodbank
Unit 15, Whiteway Court
Cirencester
GL7 7BA
info@cirencester.foodbank.org.uk
cirencester.foodbank.org.uk

## **Volunteer Application Form**

Thank you for your offer to help with Cirencester Foodbank. In order for us to process your application please would you answer the following questions:

(If you have any questions about your application or would like help completing it please contact us at <a href="mailto:info@cirencester.foodbank.org.uk">info@cirencester.foodbank.org.uk</a> or call 01285 896360 (option 4)

Title:			Reference	<b>s</b> (not family mem	bers please)
Full Name: (BLOCK CAPITALS)			Referee 1		
`	-,		Name:		
			Daytime te	el. number or em	ail address:
Address:			Relationshi	in to vou:	
				.p .co , ca.	
			Referee 2		
Postcode:			Name:		
T 1 11			Daytime te	el. number or em	ail address:
Tel No:					
Email:			Relationship to you:		
Date of Birth:					
Next of Kin:			Contact in ca	ase of emergenc	y (if different)
Name:			Name:		
Tel No:			Tel No:		
Relationship:			Relationship:		
	ested in helping	; regularly in the	e following area(s	•	
Warehouse			Marketing/Public relations		
Fundraising			Admin		
Delivery or Collections (using own vehicle)			Signposting & Advice		
Trustee Other:		Ad-hoc events (supermarket collections etc)			
Other:			_		
I am available: /	(please tick as ap	onropriate)			
ramavanasie: (	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Monday	raesaay	Wednesday	marsday	Triday
PM					
EVENING					
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Do you have a clean driving licence? (not necessary for all roles)	Yes	No
Do you have any health problems that we should be aware of?	Yes	No
If yes, please give details:		
Please tell us your previous work experience or qualifications:		
Safeguarding		
The following questions are in line with our commitment to safer recruitme sufficient support in place for volunteers. Please note having unspent connecessarily prevent you from volunteering. Additional information may be eligible for a DBS/PVG / Access NI check.	victions etc	would not
Do you have any criminal convictions (except those 'spent' under the Reha Act 1974)? (NB: this does not necessarily prevent you from volunteering)	bilitation o Yes	f Offenders No
If yes, please give details:		
Has your name been placed on a list of people barred from working with ch	nildren or v	ulnerable
adults?	Yes	No
Are you currently under investigation by the police?	Yes	No
Would you be willing to for us to submit for a DBS criminal record check, if	f required? Yes	No
Please state your reasons for volunteering:		

Please give us any information you think	may be useful to us:	
How did you hear about volunteering at C	Cirencester Foodbank?	
<u>Data protection:</u> Cirencester Foodbank w third party. <i>Please see our Volunteer Privhold your details</i> .		
I confirm that the above information is condata in the consideration of my application applicable.		
Signature:	Date:	
Signature of parent/guardianif applicant is under 18:		Date: