

Warminster and District Foodbank The Foodbank Centre The Close Warminster BA12 9AL 01985 214463

07855 627945

## **Volunteer Application Form**

Thank you for your offer to help with The Warminster and District Food Bank. 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 the Foodbank*)

| Mr/Mrs/Miss /Other                   |   |
|--------------------------------------|---|
| Your Surname:                        | References (please note that neither   referee should be a close family relation or a Food Bank official) |
| Forename:                            |   |
| Address:                             | Name:   |
|                                      | Address:  |
| Postcode:                            |   |
| Email address                        | Tel No:   |
| Tel No:                              | E.mail:   |
| Mobile No                            | Defense 2   |
| Date of Birth:                       | Referee 2   Name:   |
|                                      | Address:  |
| Next of Kin:<br>Name:                |   |
| Tel No:                              |   |
| Relationship:                        |   |
| Contact in case of emergency (if dif | fferent from above)   |
| Name:                                |   |
| Tel No:                              |   |
| Relationship:                        |   |
|                                      |   |

## I would be interested in helping in the following area(s):

| Helping in the Food Bank Centre | • | Helping in storage areas     | • |
|---------------------------------|---|------------------------------|---|
| Maintenance / DIY               | • | Assisting in the Office      | • |
| Fundraising                     | • | Collecting/transporting food | • |

## I am available for:

• One off events ie supermarket collections, Harvest food sorting, Christmas box sorting

- 1-4 hours a week day \_\_\_\_\_ am pm •
- Full Day(s) day(s) \_\_\_\_\_
- Anytime (Monday-Friday) (+ Sat )

Do you have any health problems that we should be aware of? Yes • No • details:

Are you willing to complete a form for us to submit for a Criminal Records Bureau check?

Yes• No•

If you have any criminal convictions (except those 'spent' under the Rehabilitation of Offenders Act) please give details:

Please State your reasons for volunteering:

Please give us any information you think may be useful to us (eg do you have any skills such as IT skills, carpentry, finance etc) and please tell us your previous work experience or qualifications:

|            | _         |
|------------|-----------|
| Signature: | Date      |
| Signature. | <br>Dutc. |

Please return this form to the above address-thank you