

Registered Office 1 Trinity Close Ashby de la Zouch Leicestershire LE65 2GQ

Tel: 07542118878 Email:info@ashby.foodbank.org.uk Trinityashby.net/foodbank

Volunteer Application Form

Thank you for your offer to help with Ashby 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 the foodbank manager)

Full Name: (BLOCK CAPITALS)	
Known As:	
Address Line 1:	
Address Line 2	
Address Line 3	
Town:	
County:	
Postcode:	
Landline No:	Mobile No:
Email:	Date of Birth:
Next of Kin:	Contact in case of emergency (if different)
Name:	Name:
Tel No:	Tel No:
Relationship:	Relationship:
References (not family members please)	
Referee 1	Referee 2
Name:	Name:
Daytime tel. number or email address:	Daytime tel. number or email address:
Relationship to you:	Relationship to you:

I would be interested in helping regularly	in the follow	ng area(s):	
□ Foodbank Centre	□ Wareho	use	
□ Maintenance/DIY	□ Assistin	g in the office	
☐ Marketing/Public relations	□ Fundra	sing	
□ Supermarket collections	□ Deliver	y or Collections (using own vehicle)	
□ Specialist skills:		_	
Do you have any health problems that we should be aware of? Yes \square No \square If yes, please give details:			
Please tell us your previous work experience or qualifications:			
Would you be willing to for us to submit for a DBS criminal record check, if required? Yes \square No \square			
Do you have any criminal convictions (excel (NB: this does not necessarily prevent you f		t' under the Rehabilitation of Offenders Act 1974)? ing) Yes □ No □	
If yes, please give details:			
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 Ash <u>Data protection:</u> Ashby foodbank (Holy Trinia third party.	by foodbank? ty Ashby) will	hold your details on file but will not release them to	
I confirm that the above information is comconsideration of my application and during		rect. I consent to the processing of this data in the my volunteering, if applicable.	
Signature: Date	:		
Signature of parent/guardian if applicant is	under 18:	Date:	
Please return completed form to the above	address:	Thank you!	