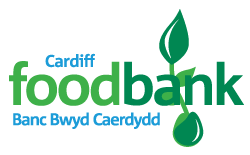
****Volunteer Application Form**

Application Form

Reference Check

Meet & Greet

Trial Session

Thank you for your offer to help with Cardiff 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 volunteer@cardiff.foodbank.org.uk)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Details** | | | |
| Name |  | | |
| Address |  | | |
| Email |  | | |
| Telephone |  | Date of Birth |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Areas of Interest** | | | | | |
| *Please tick all that apply* | | | | | |
| Distribution Centres - there are a number of roles available, please indicate which ones you may be interested in. | | | | | |
| Greeting, chatting and/or praying with clients |  | Packing parcels |  | Making refreshments |  |
| Warehouse |  | One-off Events\* |  | Fundraising |  |
| Driving, collecting & delivering food |  | Admin/Office |  |  | |
| *\*One-off events include supermarket collections, Christmas/Harvest Festival periods etc.* | | | | | |
| **Previous Experience** | | | | | |
| *Please provide brief details of any relevant work experience or qualifications* | | | | | |
|  | | | | | |

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| --- |
| **Availability** |
| *Please indicate the dates, times and frequency you wish to attend* |
|  |

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| --- |
| **Health Problems** |
| *Please provide brief details of any health problems that we should be aware of* |
|  |

|  |  |
| --- | --- |
| **Protection of Vulnerable Persons** | |
| Are you willing to undergo a Disclosure and Barring Service\* check? | Yes  No |
| *\*Previously CRB check* | |
| If you have any criminal convictions (except those ‘spent’ under the Rehabilitation of Offenders Act) please give details | |
|  | |

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| --- |
| **Reasons for Volunteering** |
| *Please provide brief details of why you would like to volunteer with us* |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **References** | | | |
| *Please provide details of* ***two*** *referees who are able to support your application. This should be someone who has known you for* ***at least two years*** *and should* ***not*** *be a family relation. An example could be your GP, lecturer, friend or colleague. Please seek their permission before submitting this form.* | | | |
| Name |  | Name |  |
| Address |  | Address |  |
| Email |  | Email |  |
| Telephone |  | Telephone |  |
| Relationship |  | Relationship |  |

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to:** [info@cardiff.foodbank.org.uk](mailto:volunteers@cardifffoodbank.org.uk), Cardiff Foodbank, Unit N5, Cardiff Bay Business Centre, Titan Road, Cardiff, CF24 5EJ Tel No. 029 2048 4120

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Cardiff Foodbank is committed to protecting data privacy and will process your personal data in accordance with the Data Protection Act 1998. Your data will only be used for purposes relating directly to your volunteering activity. It will only be seen by foodbank personnel responsible for your volunteering. It will not be sold or passed to any other organisation.   
A full data privacy statement for volunteers is available from the foodbank on request.