

Application Form

Reference Check

Meet & Greet

Trial Session

**Volunteer Application Form**

*Thank you for your interest in volunteering at Cardiff Foodbank.*

*Please complete this form and return it to the address overleaf.*

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

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| **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 | ☐ | IT – Website, social media updates | ☐ | Data entry | ☐ |
| Admin/Office | ☐ | Answering phone/dealing with enquiries | | | ☐ |
| *\*One-off events include supermarket collections, Christmas/Harvest Festival periods etc.* | | | | | |
| **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* |
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| **Previous Experience** |
| *Please provide brief details of any relevant work experience or qualifications* |
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| **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* |
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| **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:** [liz@cardiff.foodbank>org.uk](about:blank) , Cardiff Foodbank, Unit G, Cardiff Bay Business Centre, Titan Road, Cardiff, CF24 5BS Tel No. 02920484120