

Volunteer Application Form

Thank you for your offer to help with Abergele Community Action

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 info@abergeledistrict.foodbank.org)



General information			
Title		Full name	
Address (inc Post Code)			
Date of birth		Contact number	
Email address			

Next of Kin and emergency contact			
Name		Relationship	
Contact number			
Name		Relationship	
Contact number			

Volunteer role (please read the volunteer role expectations on our website)

Receptionist	<input type="checkbox"/>	Stock Assistant (with a Food Hygiene certificate)	<input type="checkbox"/>	The Hive Assistant (Drop-ins)	<input type="checkbox"/>	One off events	<input type="checkbox"/>
Deep Clean Friday Assistant	<input type="checkbox"/>	Stock Assistant (without Food Hygiene certificate)	<input type="checkbox"/>	The Hive Assistant (Kitchen)	<input type="checkbox"/>	Collection and Delivery Drivers	<input type="checkbox"/>

Availability – the foodbank is open from 10am till 2pm Monday – Friday (please tick all that apply)

Monday		Tuesday		Wednesday		Thursday		Friday	
One off events		Food collection		Other:					

Health and Wellbeing

Do you have any health issues, care or support needs or disabilities that we should be aware of?	Yes	No
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If yes, please give details

Safeguarding

The following questions are in line with our commitment to safer recruitment and ensuring we have sufficient support in place for volunteers. Please note having unspent convictions etc would not necessarily prevent you from volunteering. Additional information may be required if the role is eligible for a DBS/PVG / Access NI check.

Do you have any criminal unspent charges or convictions (under the Rehabilitation of Offenders Act 1974)? (NB: this does not necessarily prevent you from volunteering)	Yes	No
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Has your name been placed on a list of people barred from working with children or vulnerable adults?	Yes	No
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Are you currently under investigation by the police?	Yes	No
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If yes, to any of the above please give details

Data protection

I confirm that the above information is complete and correct. I consent to the processing of this data in the consideration of my application and during the course of my volunteering, where applicable.

Signature		Date	
Signature of parent/guardian (if applicant is under 18)		Date	

Abergele District Foodbank is committed to protecting data privacy and will process your personal data in accordance with data protection legislation. Your data will only be used for purposes relating directly to your volunteering activity. It will only be shared with food bank personnel responsible for your volunteering, the Trussell Trust and specific systems provided by third parties that directly support the running of the food bank.

References *(not family members please)*

Name		Relationship	
Contact number			
Email address			
Name		Relationship	
Contact number			
Email address			

Office use only

Reference 1					
Initial Contact			Text	Phone	Email
Second Contact			Text	Phone	Email
Third Contact			Text	Phone	Email

Reference 2					
Initial Contact			Text	Phone	Email
Second Contact			Text	Phone	Email
Third Contact			Text	Phone	Email

Induction Date: Induction Time: (Role description handed out) <input type="checkbox"/> (Induction confirmation Email) <input type="checkbox"/>				
Information Pack completed	Induction Pack completed	Volunteer Handbook given out	Registered on Assemble	Policies
Date:	Date:	Date:	Date:	Date: