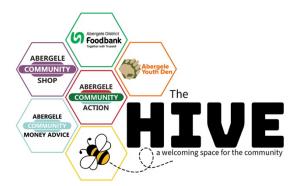
## **Volunteer Application Form**

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 <a href="mailto:info@abergeledistrict.foodbank.org">info@abergeledistrict.foodbank.org</a>



General information								
Title				Full name				
Address (inc Post Code)								
Date of birth				Contact number				
Email address	ail 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			Stock Assistant (with a Food Hygiene certificate)		The Hive Assistar (Drop-ins)	nt 🗆	One off events	
Deep Clean Fr Assistant			Stock Assistant (without Food Hygiene certificate)		The Hive Assistar (Kitchen)	nt	Collection and Delivery Drivers	

Availability – the foodbank is open from 10am till 2pm Monday – Friday (please tick all that apply)								
Monday	Tuesday	Tuesday Wednesday Thursday		Friday				
One off events	Food collection	Other:						
Health and We	ellbeing							
Do you have any health issues, care or support needs or disabilities that we should be aware of?  Yes  No								
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								
Has your name badults?	Yes	No						
Are you currently under investigation by the police?					No			
If yes, to any of the above please give details								

Data protection				
	ove information is complete and correct. during the course of my volunteering, whe	•	rocessing of this da	ta in the consideration of
Signature			Date	
Signature of parent/guardian (if applicant is under 18)			Date	
_	k is committed to protecting data privacy and will process ng directly to your volunteering activity. It will only be sha specific systems provided by third parties that	red with food bank perso	onnel responsible for your	
References (not fa	mily members please)			
Name		Relationship		
Contact number				
Email address				
Name		Relationship		
Contact number				
Email address				

## Office use only

Reference 1	Reference 1							
Initial Contact		Text	Phon	e Email				
Second Contact			Text	Phon	e Email			
Third Contact		Text	Phon	e Email				
Reference 2								
Initial Contact	Initial Contact				e Email			
Second Contact		Text	Phon	e Email				
Third Contact		Text	Phon	ie Email				
Induction Date: Induction Time: (Role description handed out) □ (Induction confirmation Email) □								
Information Pack completed	Induction Pack completed	Volunteer Handbook given out	Handbook given Registered on Assemble		Policies			
Date:	Date:	Date:	Date:		Date:			