



Bexhill foodbank 19/20 Station Road Bexhill East Sussex TN40 1RE

Application for Volunteering

Tel: 01424 736515 / 07866 570468 Email: info@bexhill.foodbank.org.uk

Please complete this form and email it to info@bexhill.foodbank.org.uk Alternatively, completed paper copies may be sent to the above address.

Please Note: Battle Foodbank has general volunteers on a Tues AM & Weds PM currently. Bexhill on a Tues AM & PM, Weds AM, Thurs AM, and Fri PM. Advice service volunteers based in Bexhill can work Monday - Friday. (but this could change in time, so please mark all your availability)

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I'm interested in: General volunteer Advice Volunteer I'd like to serve at:	Warehouse Driving Administrator Maintenance/DIY Fundraising Cleaning Bexhill Battle Both sites
My availability is: Personal details	Mon AM Mon PM Tues AM Tues PM Weds AM Weds PM Thurs AM Thurs PM Fri AM Fri PM Sat AM
Title:	
First names:	
Surname:	
Address:	
Postcode:	
Tel. no:	Mobile:
Email:	

Why are you interested in volunteering with the Bexhill & Battle foodbank?

Please give a brief outline of the jobs you have held during your career.

Are you currently?: Working/ Self-Employed	d	Between Job	os 🗌	Retired	ı	Homemaker		
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:								
Please give details of a person (not related to (employment, church or volunteering referee			ed to	provide y	ou v	vith a reference		
Name:								
Address (inc Postcode):								
Tel. no:	Er	nail:						
Relationship:								
Contact in case of emergency (Necessary if suc				olunteer)				
Tel. no:								
Relationship:								
Safeguarding: The following questions are in line with our comsufficient support in place for volunteers. Pleas necessarily prevent you from volunteering. Add eligible for a DBS check.	e note	having unspe	nt co	nvictions	etc v	vould not		
Do you have any criminal unspent charges or convictions (under 1974)? (NB: this does not necessarily prevent you from volunteering) If yes, please give details:				r the Rehabilitation of Offenders Act Yes No				
Has your name been placed on a list of people barred from working with children or vulnerable adults? Are you currently under investigation by the police? Please give us any information you think may be useful to us:								
Data protection:								
I confirm that the above information is complete the consideration of my application and during t				•		_		
ignature: Date:								

