

Gloucester Foodbank
The George Whitefield Centre
107 Great Western Road
Gloucester
GL1 3NF
Tel: 01452 3096836

Email: info@gloucester.foodbank.org.uk Website: www.gloucester.foodbank.org.uk

## **Volunteer Application Form**

Thank you for your offer to help with Gloucester foodbank. 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 the Foodbank)

Title:	References (not family members please)	
Full Name: (BLOCK CAPITALS)	Referee 1 Name:	
Address:	Daytime tel. number or email address:  Relationship to you:	
Postcode:	— Rejerce 2	
Tel No:	Daytime tel. number or email address:	
Email:		
Date of Birth:		
Next of Kin:	Contact in case of emergency (if different)	
Name:	Name:	
Tel No:		
Relationship:	Relationship:	
I would be interested in helping regu	ılarly in the following area(s):	
Foodbank Centre	Warehouse	
Maintenance/DIY	Assisting in the office	
Marketing/Public relations	Fundraising	
Supermarket collections	Delivery or Collections (using own vehicle)	
Specialist skills:		
I am available for: (please tick and ci	rcle as appropriate)	
One off events i.e. Supermarket co	ollections, Harvest food sorting, annual stocktake	
1-4 hours a week on: Mon; Wed; T	Thurs & Fri:12pm-3pm	
Other:		

Do you have any health If yes, please give detail	problems that we should be aware of? ls:	Yes No
Please tell us your previ	ous work experience or qualifications:	
Would you be willing to	for us to submit for a DBS criminal record cl	neck, if required? Yes No
	al convictions (except those 'spent' under the s not necessarily prevent you from volunteering) ls:	ne Rehabilitation of Offenders Yes No
Please state your reason	ns for volunteering:	
Please give us any inform	mation you think may be useful to us:	
How did you hear about	volunteering at Gloucester foodbank?	
<u>Data protection:</u> Glouce third party.	ster foodbank will hold your details on file b	out will not release them to a
	e information is complete and correct. I con n of my application and during the course of	
Signature:	Date:	
Signature of parent/gua	rdian if applicant is under 18:	Date:

Please return completed form to: Gloucester Foodbank at the address at the top of this from. Thank you!

Registered Charity No: 1113515 | Reg in Eng. & Wales/Scotland Company No: 5402066

Gloucester Foodbank is committed to protecting data privacy and will process your personal data in accordance with current data legislation. 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.