# ­

Towy Church Admin. Centre

Llansteffan Road, Johnstown

Carmarthen. SA31 3BP

01267 225 996

carmarthenfoodbank@towychurch.co.uk

www.carmarthen.foodbank.org.uk

Tel:

Email:

Website:

# Volunteer Application Form

Thank you for your offer to help with Carmarthen foodbank. 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 Judy on 01267 225996 or email* [*carmarthenfoodbank@towychurch.co.uk*](mailto:carmarthenfoodbank@towychurch.co.uk)*)*

**References** *(not family members please)*

*Referee 1*

Name:

Daytime tel. number or email address:

Relationship to you:

*Referee 2*

Name:

Daytime tel. number or email address:

Relationship to you:

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name: (BLOCK CAPITALS)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Next of Kin:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact in case of emergency** (if different)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I would be interested in helping regularly 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 circle as appropriate)*

One off events i.e. Supermarket collections, Harvest food sorting, annual stocktake

1-4 hours a week **AM / PM** on: **Mon** / **Tues** / **Wed** / **Thurs** / **Fri** / **Sat**

Full Day(s) on: **Mon** / **Tues** / **Wed** / **Thurs** / **Fri** / **Sat**

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any health problems that we should be aware of? Yes No

If yes, please give details:

Please tell us your previous work experience or qualifications:

Would you be willing to for us to submit for a DBS criminal record check, if required? Yes No

Do you have any criminal convictions (except those ‘spent’ under the Rehabilitation of Offenders Act 1974)? (NB: this does not necessarily prevent you from volunteering) Yes No

If yes, please give details:

Please state your reasons for volunteering:

Please give us any information you think may be useful to us:

How did you hear about volunteering at Carmarthen foodbank?

|  |
| --- |
|  |

Data protection: Carmarthen foodbank will hold your details on file but will not release them to a third party.

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, if applicable.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian if applicant is under 18: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Thank you!

Please return completed form to: Towy Church Admin. Centre, Llansteffan Road, Johnstown. Carmarthen. SA31 3BP