

# Volunteer Application Form

Thank you for your offer to help with Glasgow NW 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 the Project Manager)*

**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:

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 a clean driving licence? (**not necessary for all roles) Yes No

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 Glasgow NW foodbank?

Data protection: Glasgow NW 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: info@glasgownw.foodbank.org.uk