



25 Churchwalk Walker  
NE6 3DP

[Tel:01914474849](tel:01914474849)

[E:info@walkerdistrict.foodbank.org.uk](mailto:info@walkerdistrict.foodbank.org.uk)

[W:www.walkerdistrict.foodbank.org.uk](http://www.walkerdistrict.foodbank.org.uk)

## Volunteer Application Form

Thank you for your offer to help with Walker and District 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 {Claire Ogah 07517846366})*

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

Full Name: (BLOCK CAPITALS)

\_\_\_\_\_

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

\_\_\_\_\_

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

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

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

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

### 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: \_\_\_\_\_

### 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):

- |   |  |
|---|--|
| <input type="checkbox"/> Foodbank Centre            | <input type="checkbox"/> Warehouse                                   |
| <input type="checkbox"/> Maintenance/DIY            | <input type="checkbox"/> Assisting in the office                     |
| <input type="checkbox"/> Marketing/Public relations | <input type="checkbox"/> Fundraising                                 |
| <input type="checkbox"/> Supermarket collections    | <input type="checkbox"/> Delivery or Collections (using own vehicle) |
| <input type="checkbox"/> 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 Walker and District foodbank?

.....

Data protection: Walker and District 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: \_\_\_\_\_

Please return completed form to: Walker and District Food bank 25 Churchwalk Walker NE6 3DP *Thank you!*