

Volunteer Application Form

Thank you for your offer to volunteer with Lichfield Foodbank. If you have any questions about your application or would like help completing the form, please contact Linda at lichfieldvolunteers@lichfield.foodbank.org.uk

Volunteer Information

SECTION 1 - General Details

Title {optional}:

First name:

Last name:

Contact number:

Email Address:

Date of Birth (DD/MM/YY) {optional}:

Please note if you provide your date of birth, we use this for volunteer recognition purposes.

Home address:

Emergency Contact

Name:

Contact number:

SECTION 2 – About Your Volunteering

What are your main motivations for applying to volunteer with us? (Please select two)

- | | |
|--|---|
| <input type="checkbox"/> Give something back | <input type="checkbox"/> Help a great cause |
| <input type="checkbox"/> Build new skills | <input type="checkbox"/> Meet people and make friends |
| <input type="checkbox"/> Gain experience | <input type="checkbox"/> Be part of a team |
| <input type="checkbox"/> Help others | <input type="checkbox"/> Support my local community |
| <input type="checkbox"/> Make a difference | <input type="checkbox"/> Enhance my CV |
| <input type="checkbox"/> Other (please add here:) | |

Which role/s you are applying for and is there anything you would like to tell us about your availability to volunteer?

How did you hear about this volunteering opportunity: (Please select one)

- | | |
|---|--|
| <input type="checkbox"/> Google | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Food Bank website | <input type="checkbox"/> Media |
| <input type="checkbox"/> The Trussell Trust website | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Other (please add here:) | |

SECTION 3 – About You

It is important to us that people who use our services are also helping to shape them.

Do you have experience of using a food bank?

- Yes No

Can you share any experiences, skills, or interests you have, either professionally, voluntary, or personal hobbies?

Why have you chosen to volunteer with us?

Would you need any additional support when volunteering? Yes No

If yes, please provide details:

SECTION 5 – References

Please provide details of 2 referees who you have known for a minimum of 6 months and are aged over 18 years (e.g. friend or colleague) They must not be a family member.

Referee 1

First name:

Last name:

Contact number:

Email address:

Referee 2

First name:

Last name:

Contact number:

Email address:

Please confirm we can contact your referees at the point of being offered a volunteering role with us:

- Yes
 No - If not when can we contact them?

SECTION 6 – Consent and Declaration

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, where applicable. If your application is unsuccessful, your application form will be kept for one year, unless you ask us to delete it sooner.

Signature:

Signature of parent/guardian if under 18:

Date:

Please return the completed application form to Linda at lichfieldvolunteers@lichfield.foodbank.org.uk.