

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)

Title:

Full Name:

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

Registered Charity No: SC006410 | Reg in Scotland

Glasgow NW Foodbank is committed to protecting data privacy and will process your personal data in accordance with data protection legislation. Your data will only be used for purposes relating directly to your volunteering activity. It will only be shared with food bank personnel responsible for your volunteering, the Trussell Trust and specific systems provided by third-parties that directly support the running of the food bank.

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:

Please return completed form to: info@glasgownw.foodbank.org.uk

Thank you!

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