



SID VALLEY FOOD BANK

Volunteer Application Form

Thank you for your offer to help at the Sid Valley Food Bank. In order for us to process your application, please would you answer the following questions, please print and write clearly in black or blue or complete on-line and email to info@sidvalleyfoodbank.org.uk.

Name:	
Address:	
Post-code:	
Tel No:	
Email address:	
Age (e.g. 40s, 50s etc)	

Contact in case of emergency:

Name:	
Tel No:	

References:

If you have previously volunteered at the food bank you don't need to complete this section. If you are volunteering through your church you only need to complete Reference 1 with the name of the Foodbank Trustee / Representative for your church.

Reference 1

Name:		Address:	
Postcode:		Tel No:	

Reference 2

Name:		Address:	
Postcode:		Tel No:	

I would be interested in helping in the following area (s) (tick relevant box(es):

General help (will involve lifting):	<input type="checkbox"/>	Deliveries (car will be required and mileage will be paid):	<input type="checkbox"/>
Meet & greet clients:	<input type="checkbox"/>	Refreshments:	<input type="checkbox"/>
Purchase bread milk for session:	<input type="checkbox"/>	Set up Friday session:	<input type="checkbox"/>
Clear up Friday session:	<input type="checkbox"/>	One off events e.g. supermarket collection, Christmas hampers	<input type="checkbox"/>

Friday sessions run from 12 noon until around 3.15pm every Friday.

I can be available (select most appropriate):

Once every five weeks:	<input type="checkbox"/>
Once a month:	<input type="checkbox"/>
Every week as required:	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>

Do you have any health problems that we should be aware of? (Please give brief details to enable us to place you in the correct role):

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Signature:

Date: