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The Trussell Trust

Ashfield Trading Estate

Ashfield Road

Salisbury

Wiltshire

SP2 7HL

tel: 01722 580184

email: volunteering@trusselltrust.org

# Volunteer Application Form

Thank you for offering to help at The Trussell Trust, we really appreciate the help which volunteers give us. In order for us to process your application, please answer the following questions:

Title:

**References** (not family members or Trussell Trust staff)

**Referee 1**

Name:

email address (or daytime telephone number if no email):

Relationship to you:

**Referee 2**

Name:

email address (or daytime telephone number if no email):

Relationship to you:

First Name:

Surname:

Address:

Postcode:

Tel No:

Mobile:

E-mail:

Date of Birth:

Are you under 18 years old? Yes No

**Next of kin/ contact in case of emergency:**

Name:

Tel No:

Relationship:

**I would be interested in helping regularly in the following area(s):**

|  |  |  |  |
| --- | --- | --- | --- |
| Bemerton Heath shop |  | eBay/online sales |  |
| Catherine Street shop |  | Furniture restoration |  |
| High Street shop |  | Upcycling/craft workshops |  |
| Stephenson Road furniture shop |  | Assisting in the office |  |
| Van Driver’s mate |  | Community garden project |  |
| Foodbank Distribution Centre – Amesbury  Foodbank Distribution Centre – Bemerton  Foodbank Distribution Centre – Elim |  | PAT testing (subject to training)  Assisting fundraising  Duke of Edinburgh |  |
| Foodbank Warehouse - food sorting and food box packing |  | Work experience (dates from………………to………………) |  |
| Shop donations warehouse - sorting and preparing donations |  | Budgeting/financial advice  Website review for the foodbank network |  |
| Bobbin stripping |  | Buddy for a supported volunteer |  |
| Eat Well Spend Less cookery course |  | Specialist skills:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**I am available for** (delete as appropriate)**:**

One off events i.e. supermarket collections, Harvest food sorting, Christmas box sorting

2-4 hours a week **am** / **pm** on: **Mondays** / **Tuesdays** / **Wednesdays** / **Thursdays** / **Fridays** / **Saturdays**

Full Day(s) on: **Mondays** / **Tuesdays** / **Wednesdays** / **Thursdays** / **Fridays** / **Saturdays**

Other

P.T.O.

Do you have any health issues that we should be aware of? Yes No

Details:

Would you consider yourself an adult with care and support needs? Yes No

Please tell us about your previous work experience or qualifications:

Are you willing to complete a form for us to submit for a DBS criminal record check? Yes No

Do you have any criminal convictions? Yes No (This does not necessarily prevent you from volunteering with us.)

Please give details:

Please state your reasons for volunteering:

Please give us any other information you think may be useful:

How did you hear about volunteering at the Trussell Trust? ……………………………………………………………………

Data protection: The Trussell Trust 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If applicant is under 18: In addition to confirming the above, the parent or guardian also confirms they are happy for the young person to volunteer, as well as to do steaming, tagging, lifting, or other such complicated activities, provided if they are trained, confident and physically able.

Signature of parent / guardian: ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return completed form to Monica Wilson at The Trussell Trust at the address overleaf**

Thank you!

Updated 17/01/17