

## Volunteer Application Form

Full Name:	Preferred Pronouns:
Tel. No:	Date of birth:
Email:	Age:
Address:	

Preferred mode of contact: **Phone call/ Text/ Email**

May we share your contact details with other volunteers for the purpose of organisation or meet ups?  
**Yes / No**

Please tell us why you would like to volunteer with us, and what you hope to gain from it:f

Preferred Volunteer Role:	Please let us know any relevant experiences, competencies, skills or knowledge - this could include previous volunteering, education, training, jobs, hobbies or skills.			
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Other - What do you have in mind?				

How did you find out about volunteering with Aber Food Surplus?

Are you fluent in English?		Are you fluent in Welsh?	
Understanding <b>Yes / No</b>	Speaking <b>Yes / No</b>	Understanding <b>Yes / No</b>	Speaking <b>Yes / No</b>
Reading <b>Yes / No</b>	Writing <b>Yes / No</b>	Reading <b>Yes / No</b>	Writing <b>Yes / No</b>

Please state any other language(s) you are fluent in:

**Limited English / Welsh language skills are not a barrier to volunteering**

**Aber Food Surplus requests information from prospective volunteers to support individuals into the best volunteer role, and to achieve the best volunteer experience. Answering these questions will help us to offer you appropriate support when volunteering.**

Do you have a Carer or Support Worker or are you receiving support from any local charities or services? **Yes / No** If yes, please provide relevant contact details to enable us to contact them for a risk assessment.

Name:	Role/Relationship:
Email:	Telephone No:

If you are under 18, please provide permission from your parent or guardian to participate in the project, and ask their permission for sharing their contact details here:

Name:	Role/Relationship:
Email:	Telephone No:
Signature of permission for your child/young person to volunteer with Aber Food Surplus:	

Do you have any health issues (including allergies) that could affect your volunteering? **Yes / No**  
 Medical information – please give details of any medication that we should know about.

Any other issues that could affect your volunteering?(e.g. support needs, transport issues, care commitments).

Do you consider yourself to have a disability? **Yes / No** Please specify any adaptations or access arrangements relating to your disability, which would assist you in carrying out volunteer activities:

Have you ever been convicted of a criminal offence, do you have a criminal record, or are you subject to current police enquiries or prosecutions? **Yes / No** If Yes, please give brief details:

You may be required to undergo security vetting; are you willing to participate in a DBS check? **Yes / No**

**Emergency Contacts:** Please give the details of two people who we may contact in case of an emergency:

	Emergency Contact 1	Emergency Contact 2
Name:		
Relationship:		
Telephone No:		
Address:		

**References:** Please give the contact details of 2 people who can be contacted for a reference, who are able to comment on your suitability for volunteering with us. These should not be family members, and if you can, provide one referee who has a professional relationship to you (e.g. teacher, tutor, employer).

	Referee 1	Referee 2
Name:		
Relationship:		
Telephone No:		
Email:		

***Thank you for taking the time to complete this form, we will be back in touch for a chat as soon as possible - Aber Food Surplus***

Applicant Signature:

Date:

**Volunteer Equality Monitoring Form**

The information in this section is for monitoring purposes only, it will be stored anonymously, securely, and separately from your other data.

**Age Group**

Prefer not to say / 16-24yrs / 25-34yrs / 35-44yrs / 45-54yrs / 55-64yrs / 65-74yrs / 75-84yrs / 85+ yrs

**Caring**

Do you look after, or give any help or support to a family member, friend or neighbour because of long term physical disability, mental ill-health or problems related to old age? **Prefer not to say / Yes / No**

**Disability**

Do you consider yourself to have a disability?  
**Prefer not to say / Yes / No**

**Ethnic group**

Prefer not to say /.....

**Gender**

Prefer not to say/ .....

**Religion**

Prefer not to say /.....

**Sexuality**

Prefer not to say /.....

**Looking after your data in line with the new data protection regulations - GDPR** Your data is collected to ensure we can provide a safe service, and can communicate organisational information, and take action in case of emergency.

Please get in touch with [afsccommunityhub@gmail.com](mailto:afsccommunityhub@gmail.com) to find out how we store data in accordance with GDPR, or for any more information.

***Thank you for taking the time to complete this form.***