

Volunteer Application Form

Full Name:	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:

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.										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">HUB duty</td> <td style="width: 70%; padding: 5px;">Events Support</td> </tr> <tr> <td style="padding: 5px;">Collect / Deliver Food</td> <td style="padding: 5px;">Youth Group / Youth Leader</td> </tr> <tr> <td style="padding: 5px;">Cook / Chef</td> <td style="padding: 5px;">Welsh Translation</td> </tr> <tr> <td style="padding: 5px;">Tyfu Aber Grow</td> <td style="padding: 5px;">Aber Food Coop</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Other - What do you have in mind?</td> </tr> </table>		HUB duty	Events Support	Collect / Deliver Food	Youth Group / Youth Leader	Cook / Chef	Welsh Translation	Tyfu Aber Grow	Aber Food Coop	Other - What do you have in mind?	
HUB duty		Events Support									
Collect / Deliver Food		Youth Group / Youth Leader									
Cook / Chef		Welsh Translation									
Tyfu Aber Grow		Aber Food Coop									
Other - What do you have in mind?											

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

Do you have a car which you would be willing to use for food collections and/or distribution?

Yes / No If yes, please check with your insurer whether this will affect your policy

Are you fluent in English?		Are you fluent in Welsh?	
Understanding Yes / No	Speaking Yes / No	Understanding Yes / No	Speaking Yes / No
Reading Yes / No	Writing Yes / No	Reading Yes / No	Writing Yes / No
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 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.