



Volunteer Application Form

Thank you for your offer to help with Colchester 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 Colchester Foodbank)

Colchester Foodbank
33 Moorside Business Park
Eastgates, Colchester.
Essex. CO1 2ZF
Tel: 01206 621998

info@colchester.foodbank.org.uk
www.colchester.foodbank.org.uk

Your Name: _____

Address: _____

Postcode: _____

Tel No: _____

Email address: _____

Date of Birth: _____

National Insurance No: _____

Next of Kin:

Name: _____

Tel No: _____

Relationship: _____

Contact in case of emergency (if different from above)

Name: _____

Tel No: _____

Relationship: _____

References (please note that neither referee should be a close family relation or a Colchester Foodbank employee)

Referee 1

Name: _____

Address: _____

Tel No: _____

Mob No: _____

Email: _____

Referee 2

Name: _____

Address: _____

Tel No: _____

Mob No: _____

Email: _____

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

Working in 'Café' distributing parcels ☐

Helping in Warehouse ☐ Maintenance / DIY ☐

Assisting with Administration ☐ Supermarket Pick ups ☐

I am available for:

☐ One off events ie supermarket collections, Harvest food sorting, Christmas box sorting

☐ 1-4 hours a week day _____ am ☐ pm ☐

☐ Full Day(s) day(s) _____

☐ Full Time (Monday-Sat)

My best day(s) for volunteering is (are) _____

Do you have any health problems that we should be aware of? Yes ☐ No ☐
details:

Please tell us your previous work experience or qualifications:

Do you have a current Criminal Records Bureau (CRB Check) certificate? Yes ☐ No ☐

Are you willing to complete a form for us to submit for a Criminal Records Bureau (Vetting and Barring) check? Yes ☐ No ☐

If you have any criminal convictions (except those 'spent' under the Rehabilitation of Offenders Act) please give details:

Please State your reasons for volunteering:

Please give us any information you think may be useful to us

Please circle which of these gifts and skills you feel you have to support Colchester Foodbank:-

Warehouse Work	Food Collections	Administration	Funding	
Customer Service	Human Resources	Training	PR	Marketing
Technology	Finance	Working with outside Agencies		

Signature: _____ Date: _____

Please return this form to Corinne Thompson, 33 Moorside Business Park, Eastgates, Colchester. Essex. CO1 2ZF