

**The Well Kibworth
Volunteer Application Form**

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| Title, First Name, Surname: |
| Address: | Landline number:Mobile Phone Number: |
| Date of Birth: | Email address: |

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| Emergency Contacts – please give the names and phone numbers for two people who can be contacted in case of an emergency: |
| Name |
| Mobile Number |
| Landline |
| Name |
| Mobile Number |
| Landline |

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| Please give details of any skills or interests you have, and any previous volunteering experience: |
| Do you have a Food Hygiene Certificate? If so, please give date of certificate: |
| Do you have a DBS certificate? Yes/No |
| Are you over 18 years old? Yes/No |
| Do you have any medical conditions which might affect the kind of volunteering you do? If so, please give details here, or speak with Emma Dowman or Caroline Gilchrist. |
| How did you hear about The Well? |
| Do you want to volunteer in any particular area? If so , please specify: |
| Please give the names and contact numbers for two people (not family members) who will give references for you, one personal and one professional: |
| Name and Contact number: | Name and Contact number: |

**Hours of Work**

The Well is open on Mondays 9.30 am to 1 pm and Tuesdays to Fridays 9.30 am to 4.30 pm (and we are working towards Saturdays 10 am to 1 pm). Outside these hours The Well is open for particular groups.

Volunteering hours -

Café and Shop shifts are 9 am-1 pm, and 1 pm-close.

Please indicate by ticking boxes below when you might be available for volunteering -

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Morning |  |  |  |  |  |  |
| Afternoon | Closed |  |  |  |  |

|  |  |
| --- | --- |
| How much time would you like to volunteer each week? (eg 1, 2, 3 shifts per week) |  |
| Are you available for a fixed period, such as summer holidays, or indefinitely? |  |

I declare that the information given on this form to the best of my knowledge and belief is true and complete.

Signed……………………………………………………………………………………. Date …………………………………