



## The Well Kibworth Volunteer Application Form

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

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	

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 from Monday to Friday 9 am to 4.30 pm and on 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-12.45 pm, and 12.45 pm-close.

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

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						

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 .....