**The Well Kibworth**  
**Volunteer Application Form**



**(CONFIDENTIAL ONCE COMPLETED)**

Version: 15/03/22

|  |  |  |
| --- | --- | --- |
| 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 & Relationship: |
| Mobile Number: Landline: |
| Email: |
| Name & Relationship: |
| Mobile Number: Landline: |
| Email: |

|  |  |
| --- | --- |
| Please give details of any skills or interests you have, and any previous volunteering experience: | |
| Do you hold a Food Hygiene Certificate? Yes/No If yes, please provide a copy. | |
| Do you have a current DBS certificate? Yes/No | |
| Are you over 18 years old? Yes/No | |
| Are there any medical or other needs that might affect the kind of volunteering you do? Yes/No If yes, please give details here: | |
| 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: | Name: |
| Contact No: | Contact No: |
| Email: | Email: |
| Relationship: | Relationship: |

**Hours of Work**

The Well is working towards opening:

Mondays 10-1, Tuesday to Friday 10-4 and Saturdays 10-1.

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | | Wednesday | Thursday | Friday | Saturday |
| Morning |  | |  |  |  |  |  |
| Afternoon | Close 1pm | |  |  |  |  |  |

|  |  |
| --- | --- |
| 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 …………………………………

**Please return this form by email to** [**admin@thewellkibworth.org**](mailto:admin@thewellkibworth.org) **or hand into/post to The Well, marked “PRIVATE & CONFIDENTIAL” for the attention of the Administrator.**

45 High Street, Kibworth, Leicester. LE8 0HS Tel: 0116 279 0148

For privacy notice go to: [www.thewellkibworth.org](http://www.thewellkibworth.org)

|  |  |
| --- | --- |
| **OFFICE USE ONLY** | Name of applicant: |
| Date Application received: |  |
| Date for informal chat with applicant, and name of Well staff who meets with applicant: |  |
| References checked OK? PTO |  |
| Date of first shift: |  |
| Date of One Month Meeting: |  |

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| NOTES: |
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**OFFICE USE ONLY**

Name of Applicant…………………………………………………….…….

The Well is a small charity in Kibworth. We run it as a community hub, with a café and a charity clothes shop and the local foodbank. We offer a listening service and Dementia café, and the CAB uses our premises and we run a free legal service.

First referee name and number…………………………………………………………………………………….……………………………………

For how long have you known………….?   
In what capacity do you know them?

Do you think they   
will fit in at The Well?

What are their strengths,   
and any weaknesses?

Did they get on well with their   
co-workers and management?

Is there anything else that might be helpful   
to work out where to place them in The Well?

Second referee name and number…………………………………………………………………………………….……………………………………

For how long have you known………….?   
In what capacity do you know them?

Do you think they   
will fit in at The Well?

What are their strengths,   
and any weaknesses?

Did they get on well with their   
co-workers and management?

Is there anything else that might be helpful   
to work out where to place them in The Well?