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# P4: Volunteer Application Form

Glasgow SE Foodbank

Unit 1, Govanhill Workspace

69 Dixon Road

Govanhill

Glasgow

G42 8AT

Tel No: 0745 6868 628

Email:

admin@glasgowse.foodbank.org.uk

Registered charity number SC043981

Thank you for your offer to help with Glasgow SE Foodbank.

In order for your application to be processed, please

answer the following questions:

*(If you have any questions about your application or would like help*

*completing it please contact Audrey Flannagan at the address opposite)*

Your Name:

Address:

Postcode:

**References** *(please note that neither referee should be a close family relation or a Trussell Trust Employee)*

Referee 1

Referee 2

Email:

Tel No:

Date of Birth:

**Next of Kin:**

Name:

Tel No:

Relationship:

**Contact in case of emergency** (if different from above)

Name:

Tel No:

Relationship:

**At present our only vacancies are in the Foodbank Centre & ad hoc events**

**Please tick which you would be interested in:**

**Ad hoc events**

**Foodbank Centre**

**Our opening hours, for volunteers are between 10am and 2pm Mon, Wed & Fri. You can work part or all of a session. This will be further discussed at the information meeting.**

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

details:

Please tell us your previous work experience or qualifications:

Are you willing to complete a form for us to submit for a Criminal Records Bureau 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:

Data protection:

I confirm that the above information is complete and correct. I consent to the processing of this data in the consideration of my application and during the course of my volunteering, where applicable.

Signature: Date:

*Please return this form to Audrey Flannagan, Glasgow SE Foodbank, 42 Inglefield Street, Glasgow G42 7AT*