

## Test Charity Food Bank: Volunteer Registration Form

Thank you for your interest in volunteering with us at Test Charity Food Bank! Your support is invaluable in helping us provide food and assistance to local communities. Please complete the following form to help us understand your details and availability.

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### Personal Information

**Full Name:**

[First Name] \_\_\_\_\_

[Last Name] \_\_\_\_\_

**Date of Birth:**

[DD/MM/YYYY] \_\_\_\_\_

**Gender** (optional):

Male

Female

Non-binary

Prefer not to say

Other (please specify): \_\_\_\_\_

**Address:**

[Street Address] \_\_\_\_\_

[City/Town] \_\_\_\_\_

[Postcode] \_\_\_\_\_

**Phone Number:**

[Mobile] \_\_\_\_\_

**Email Address:**

[Email] \_\_\_\_\_

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### Emergency Contact Information

**Emergency Contact Name:**

[First Name] \_\_\_\_\_

[Last Name] \_\_\_\_\_

**Relationship:**

- Parent
- Partner
- Friend
- Other: \_\_\_\_\_

**Emergency Contact Number:**

[Phone Number] \_\_\_\_\_

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**Volunteer Details**

**Are you volunteering for any other organisations?**

- Yes
- No

If yes, please provide details:

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**Why would you like to volunteer with Test Charity Food Bank?**

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**Availability**

**When are you available to volunteer? (Tick all that apply)**

- Monday: \_\_\_\_ AM / \_\_\_\_ PM
- Tuesday: \_\_\_\_ AM / \_\_\_\_ PM
- Wednesday: \_\_\_\_ AM / \_\_\_\_ PM
- Thursday: \_\_\_\_ AM / \_\_\_\_ PM
- Friday: \_\_\_\_ AM / \_\_\_\_ PM
- Saturday: \_\_\_\_ AM / \_\_\_\_ PM
- Sunday: \_\_\_\_ AM / \_\_\_\_ PM

**How often would you like to volunteer?**

- Weekly
  - Bi-weekly
  - Monthly
  - One-off
  - Flexible/On-call
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## Experience & Skills

**Do you have any previous volunteering experience?**

Yes

No

If yes, please briefly describe your previous volunteering experience:

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**Please list any skills, qualifications, or interests that may help us in allocating your volunteering role (e.g., food handling, administration, customer service, etc.):**

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## Legal & Compliance Questions

**1. Do you have any criminal convictions?** (This includes any cautions, reprimands, or final warnings)

Yes

No

If yes, please provide details:

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(Note: A criminal record will not necessarily prevent you from volunteering, but we may require further information depending on the nature of the offence.)

**2. Are you in good health and able to perform tasks associated with volunteering?**

Yes

No

If no, please provide details:

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**3. Do you have any dietary restrictions or allergies we should be aware of when volunteering?**

Yes

No

If yes, please provide details:

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**4. Do you have the right to volunteer in the UK?**

Yes

No

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**Data Protection & Consent**

By completing this form, you consent to the processing of your personal data in accordance with Test Charity Food Bank's privacy policy, which explains how your data will be used, stored, and protected.

**Do you consent to us using your details for volunteering purposes?**

Yes

No

**Do you consent to receiving occasional updates from Test Charity Food Bank about volunteering opportunities or charity activities?**

Yes

No

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**References**

Please provide two references who can speak to your character and suitability as a volunteer. (These cannot be family members.)

**Reference 1**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Reference 2**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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**Declaration**

I declare that the information I have provided is accurate and complete to the best of my knowledge. I understand that any false information or omissions may result in my application

being withdrawn or terminated. I agree to adhere to the policies and procedures of Test Charity Food Bank during my time as a volunteer.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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Thank you for your time and willingness to support the Test Charity Food Bank! We look forward to working with you.

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