

Declaration

I am applying for a voluntary position with Feed The Children UK[®]. I understand – should I be successful – that we have NOT entered into any employment contract and that the terms are binding in honour only.

I understand that my application will only be accepted on receipt of satisfactory references and on receipt of a Criminal Record Check or satisfactory Protection of Vulnerable Adults (POVA) where this is required.

If accepted I confirm that I will comply with the volunteering procedure and the Charity's Values.

I agree that Feed The Children UK[®] may hold and use personal information about me for volunteering reasons and may keep in touch with me. I understand this information, including that contained within this form, may be stored on manual and computer files and will be retained in accordance with Data Protection legislation.

I confirm that the information given on this form is correct and complete. I understand that any information later discovered to be incorrect, may result in the termination of any arrangements made.

| | |
|-------|------------|
| Name: | Signature: |
|-------|------------|

| | |
|-------|-------------|
| Date: | Start Date: |
|-------|-------------|

Please return all sections to: Volunteering Manager, Feed The Children UK, 2 Tavistock Industrial Estate, Ruscombe Lane, Ruscombe, Twyford, Berks, RG10 9NJ

Volunteer Application Form



Thank you for your interest in volunteering for Feed The Children UK[®]. Please complete all sections of this form and return it to your interviewer. Feed The Children UK[®] complies with the codes of practice issued by the information commissioner under the Data Protection Act 1998. Any information provided will be held in accordance with the Act. Feed The Children UK[®] is committed to the principles of equal opportunities and opposes all forms of unlawful and unfair discrimination.

Personal Details

| | |
|---------------|----------------|
| Full name: | Date of Birth: |
| Home Address: | |

Telephone Numbers

| | |
|---|---------|
| Home: | Mobile: |
| Email: <small>(If you would like to receive information in this way)</small> | |

Would you like to receive communication about the activities of Feed The Children UK? Yes No

What made you choose to volunteer for Feed The Children UK?

Location where you would like to volunteer:

| | | | | | | | |
|--------------------|---|---|---|---|---|---|---|
| Your availability: | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| | am pm | am pm | am pm | am pm | am pm | am pm | am pm |

| | |
|---------------------------|--------|
| Number of hours per week: | Other: |
|---------------------------|--------|

Previous Work / skills / experience:

Volunteering / hobbies:

Health Declaration

(This will not negatively affect your chances of becoming a volunteer)

Do you have any health conditions or disabilities of which we should be aware? Yes No

Please give details so we can make any reasonable adjustments where necessary:

Criminal Convictions (Rehabilitation of Offenders Act 1974)

Do you have any Criminal Convictions or any pending?

Yes No

Please give details:

A prior or pending criminal conviction will not necessarily prevent you from volunteering with Feed The Children UK. However, failure to disclose this information may result in termination of any arrangements made. You may wish to discuss this at interview.

All information disclosed will be kept in strictest confidence.**NB.** For some voluntary positions it may be necessary to declare spent criminal convictions.**Current Status** Please tick the appropriate box *Are you currently:*

- | | | |
|---|--|---|
| <input type="checkbox"/> In paid employment | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Student | <input type="checkbox"/> Self employed | <input type="checkbox"/> Training scheme |
| <input type="checkbox"/> Community services | <input type="checkbox"/> Probationary scheme | <input type="checkbox"/> Duke of Edinburgh Award scheme |

Other (please specify)

Do you volunteer or have you volunteered with any other charity?

Yes No

If yes, please state which.

Contact name (for emergency use only):

Contact telephone number:

Mobile telephone number:

Relationship to you (e.g. daughter):

References

We ask you to provide details of two referees who are not directly related to you and who have known you for at least two years.

| | |
|---|---|
| Name: Address: Postcode: Tel. No. Relationship: | Name: Address: Postcode: Tel. No. Relationship: |
|---|---|

| | |
|-------|-------|
| Sign: | Date: |
|-------|-------|

To be retained in location where voluntary activity takes place.

Volunteer Data

| | |
|-------|----------------|
| Name: | Date of Birth: |
|-------|----------------|

| |
|-------------|
| Start Date: |
|-------------|

| |
|----------|
| Address: |
|----------|

| | |
|-------------------|---------|
| Telephone Number: | Mobile: |
|-------------------|---------|

| |
|------------------------------------|
| Medical condition and medications: |
|------------------------------------|

Days worked:

| | | | | | | | |
|--|---|---|---|---|---|---|---|
| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| | am pm | am pm | am pm | am pm | am pm | am pm | |

Total hours per week:

Emergency Contact Details

| | |
|-------|---------------|
| Name: | Relationship: |
|-------|---------------|

| | |
|-------------------|---------|
| Telephone Number: | Mobile: |
|-------------------|---------|

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| Notes: |
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