**Selby Food Hub**



**Volunteer Application Form**

**Please complete and return this form to:** Sally@selbytrust.co.uk

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| **Full Name:** | | |
| **Address:** | | |
| **E-mail Address:** | | |
|  | **Daytime** | **Evening** |
| **Mobile:** | | |

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| **Where did you hear about this volunteering opportunity?** | | | | |
| **Do you speak any languages apart from English (please list)?** | | | | |
| Which volunteering times are  you available? Please tick | Mon 2-6pm | Tues 12-4pm | Weds 2-6pm | Thurs 2.30-6.30pm |
| **Do you hold a current full driving licence?** | | **YES** | **NO** | |
| **Do you have your car?** | | **YES** | **NO** | |

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| **Are you on the government at risk group?** |
| *Full list of at risk groups can be found by* [*clicking here*](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19#what-do-we-mean-by-extremely-vulnerable) |

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| **Is anyone in your household (including flatmates) on the government at risk group?** |
| *Full list of at risk groups can be found by* [*clicking here*](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19#what-do-we-mean-by-extremely-vulnerable) |
| **Would you have any objection to your photograph being taken?** |

**Criminal Records** (Rehabilitation of Offenders Act 1974)

We need to ask you about any unspent convictions as part of our duty of care. A criminal conviction will not necessarily prevent you from becoming a volunteer.

If you do have any unspent convictions please tick here:

**By signing this form you are verifying that the information you give us is true. We reserve the right for health and safety to refuse your application on health grounds. This is exempt from any discrimination legislation.**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

***This form needs to be physically signed in person if offered the position***

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_