



Preferred title: Mr Mrs Miss Ms Other _____

First name: Surname:

Address:

Telephone/Mobile:

Email address:

Age range: <18 18-40 41-70 >70

Do you speak any other languages? Yes No Please list

Do you have your own transport? Yes No

Emergency contact person	Relationship (Partner, sibling etc.)	Best contact number
<input type="text"/>	<input type="text"/>	<input type="text"/>

- How did you hear about the FoodCare volunteering opportunity?
- Why would you like to volunteer? What would you like to gain from volunteering?
- Do you have any professional experience, skills or talents that you are interested in sharing?
- What previous volunteer/work experience have you had?

5. Do you have (or have you had) a medical or health issue which may affect your volunteer work, or that we should be aware of in the event of an emergency?

6. What role would you like to volunteer for?

Please tick the day that suits you best

	TUESDAY	WEDNESDAY	THURSDAY
Working in the shop Each day 10.30 to 1.00 Thursday only 4.30 to 6.00			AM
			PM
Driving the bus – 4 hrs Tuesday and Thursday 10-1			
Picking up donated food Monday to Thursday 1 to 2 hours			
Relief/On call (As required)			
Assisting with unloading deliveries early on Wednesday 8.00 to 9.00			

Please note: All our volunteer roles require a good level of fitness. Your role may require lifting boxes, carrying trays of grocery items, standing for some time, cleaning duties etc.

Volunteer Screening

A legal requirement for volunteering with FoodCare Orange is that volunteers undergo a National Police Check and Working With Children Check. It is your responsibility to undertake the checks and to provide FoodCare with the results. (We can provide information on how to complete the checks).

FoodCare Orange will reimburse you the costs for the police screening process as long as it is satisfactory. You will need to provide us with the receipt. WWCC for volunteers is free.

Do you consent to this?

Yes No

DECLARATION

I agree to advise FoodCare Orange of any physical restrictions, mental or health conditions or injuries that may limit my ability to perform tasks assigned to me in a volunteer role.

Signature:

Date: