



Preferred title:

Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

First name:

Surname:

Address:

Telephone/Mobile:

Email address:

Age range:

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

1. How did you hear about the FoodCare volunteering opportunity?

2. Why would you like to volunteer? What would you like to gain from volunteering?

3. Do you have any professional experience, skills or talents that you are interested in sharing?

4. 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/time that suits you best*

	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Working in the shop Each day 10.15 to 1.00 Thursday only 4.15 to 6.00			AM	
			PM	
Driving the bus – 3+ hrs Tuesday and/or Thursday 10.00-1.00				
Picking up donated food Monday to Friday 1 to 2 hrs Licence and Insurance needed*				
Relief/On call (As required)				
Assisting with unloading deliveries early on Wednesday 8.00 to 9.00				
Help with gardening at the Showground or elsewhere.	As requested, including weekends, or nominate days here.			

**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. FoodCare encourages volunteers to be up to date with Covid-19 vaccinations.

## 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 will 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. The WWCC is free for volunteers.

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:

\* Either comprehensive or third party property.