

Availability
Please tick boxes

Monday		Thursday	
Tuesday		Friday	
Wednesday		Saturday	
Mornings		Afternoons	
Single events			
Shop collections			

About you
Please circle answer

Do you have any allergies which might affect you working with food ? e.g. nut allergy	Yes No
Do you have any health problems of which we should be aware? If yes please give details.	Yes No

This information will be kept securely and never sold. It can be removed at any time upon request

Signed.....

Date.....



THAT volunteer application form
Please return to address below

Teignbridge Homeless Action Today
8, Queensway House, Buckland, Newton Abbot TQ124BA

Charity number...1146610

Tel...01626 437310 email...info@thatfoodbank.com

PLEASE COMPLETE THIS BOOKLET AS FULLY AS POSSIBLE

Contact details

Forename..... Surname.....
Home address.....
.....

Date of birth.....
Home tel number..... Mobile number.....
Email.....

Next of kin..... Tel.....
Relationship to you.....

Emergency contact if different from above.....

References

Referees should be people who know you but not family.

Referee 1	
Address	
Tel number	
email	
Relationship to you	
Referee 2	
Address	
Tel number	
Relationship to you	

Please tick all the areas in which you would be interested in volunteering (full training will be provided)

PR and communications	website	
	facebook	
	twitter	
	media	
Working with clients	greeting	
	serving	
	listening	
	signposting	
Food donations	Organising/sorting/packing	
	collecting	
	transporting	
Fund raising	events	
	grants	
	ideas	
Team or shift management		
Other skills (tell us)		

Criminal convictions

This will not necessarily stop you volunteering with us.

Do you have any criminal convictions?	yes
	no

Are you willing to have a DBS check?	yes
	no

