



DORSET FOOD AND HEALTH TRUST

Volunteer Application Form

Please complete all sections in black ink.

Post Title: Volunteer Project Worker	Reference Number:
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Surname:		First Name(s):	
Address:			
Postcode:			
Home Phone Number:			
Mobile Phone Number:			
Work Phone Number: (if appropriate)		May we contact you at work? Yes/No	
Email address:		National Insurance Number:	

Education and Qualifications

Please list below any qualifications you have achieved or any training that you have undertaken:

Dates	Qualifications / Training	Details

Previous Experience

Please list below any work you have undertaken (paid or voluntary), along with details of any clubs or organisations you have been involved with where you have gained relevant skills or experience to support your application:

Dates	Employer / Organisation	Details

Information in support of your application

Please tell us about your interest in healthy eating and healthy lifestyles and what particularly interests you in working with Dorset Food and Health Trust:

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Availability and Preferences

Please tell us when you would be available to work as a volunteer. Please tick all that apply. *(We understand that your circumstances may change and that your availability may also change; this is just to give us some idea of your general availability. We would always contact you to check on your availability and there is no obligation on your part to be available at the times stated here.)*

- Any weekdays
- Weekday mornings only
- Weekday afternoons only
- Weekdays during school term times only
- Evenings
- Weekends

Please tell us which groups you would be interested in working with. Please tick all that apply.

- Children (pre- school)
- Children (school aged up to 16 years)
- Young people aged 16+
- Young parents / families
- The elderly
- Learning disabled people
- Disadvantaged and excluded groups

Which skills would you be most interested in using?

- Cooking
- Gardening

Additional Information

Do you hold a current driving licence Yes/No

Do you have regular use of a vehicle Yes/No

References – Please supply the names and contact details of two referees. One referee should be professional or business related, such as your current or most recent employer, where relevant.

Name:	Name:
Address:	Address:
Telephone Number:	Telephone Number:
Position:	Position:
Relationship to you:	Relationship to you:

We will not contact any referees without your prior knowledge.

Please note; because many of our workshops and activities involve working with children, all volunteer appointments will be subject to a satisfactory disclosure from the Criminal Records Bureau. There will be no cost to volunteers for this process.

I declare that the information given on the application is, to the best of my knowledge, true and complete.

Signed:

Date:

Please return this form to:
Dorset Food and Health Trust
Suite 7
Merley House Business Centre
Merley House Lane
Merley
Wimborne
Dorset
BH21 3AA