The Well Kibworth Volunteer Application Form



(CONFIDENTIAL ONCE COMPLETED)

Version: 15/03/22

Title, First Name, Surname:					
Address:		Landline number:			
		Mobile Phone Number:			
Date of Birth:	Email address:				
Emergency Contacts – please give the names and phone numbers for two people who can be contacted in case of an emergency: Name & Relationship:					
Mobile Number:		Landline:			
Email:					
Name & Relationship:					
Mobile Number:	e Number: Landline:				
Email:					
experience:	lls or interests yo	u have, and any previous volunteering			
Do you hold a Food Hygiene	Certificate? Y	es/No If yes, please provide a copy.			
Do you have a current DBS certificate? Yes/No					
Are you over 18 years old? Yes/No					
	er needs that mi	ght affect the kind of volunteering you do?			

How did you hear about The Well?							
Do you want to volunteer in any particular area? If so , please specify:							
Please give	the names and	d contact nur	nbers fo	r two pe	eople (not fan	nilv member	rs) who will
•	ces for you, o			•	•		,
Name:				Name:			
Contact No:				Contact No:			
Email:				Email:			
Relationship:				Relationship:			
			1				
Hours of Work							
The Well is working towards opening:							
Mondays 10-1, Tuesday to Friday 10-4 and Saturdays 10-1.							
Please indica	te by ticking b	oxes below v	when yo	u might	be available f	for voluntee	ring -
	Monday	Tuesday	Wedn	esday	Thursday	Friday	Saturday
Morning Afternoon	Close 1pm						
71110011	Crose Ipiii	<u> </u>					
How much time would you like to volunteer each week? (eg 1, 2, 3 shifts per week)							
Are you available for a fixed period, such as summer holidays, or indefinitely?							
l declare that true and com	the informatinplete.	on given on t	his form	to the I	oest of my kn	owledge an	d belief is
Signed					Date		
Please return	n this form by	email to <u>adr</u>	nin@the	ewellkib	worth.org or	hand into/	post to The

45 High Street, Kibworth, Leicester. LE8 0HS Tel: 0116 279 0148

For privacy notice go to: www.thewellkibworth.org

OFFICE USE ONLY	Name of applicant:
Date Application received:	
Date for informal chat with applicant, and name of Well staff who meets with applicant:	
References checked OK? PTO	
Date of first shift:	
Date of One Month Meeting:	
NOTES:	

OFFICE USE ONLY Name of Applicant..... The Well is a small charity in Kibworth. We run it as a community hub, with a café and a charity clothes shop and the local foodbank. We offer a listening service and Dementia café, and the CAB uses our premises and we run a free legal service. First referee name and number..... For how long have you known....? In what capacity do you know them? Do you think they will fit in at The Well? What are their strengths, and any weaknesses? Did they get on well with their co-workers and management? Is there anything else that might be helpful to work out where to place them in The Well? Second referee name and number..... For how long have you known....? In what capacity do you know them? Do you think they will fit in at The Well?

What are their strengths, and any weaknesses?

Did they get on well with their co-workers and management?

Is there anything else that might be helpful to work out where to place them in The Well?