

Volunteer Worker Application Form You must be over 18 to volunteer with Faith Christian Group

Full Name
Permanent Address
Town Postcode
Landline Phone No Mobile No
Date of Birth/ Email
We need to share your phone number and email address with other volunteers so that you can stay in touch with one another. If there is a specific reason why you do not wish to have your email address or phone number shared you must say so. It will be vital to carry your phone and share the number with your team(s).
I am happy to share my mobile number Yes 🔲 No 🔲 I am happy to share my email address Yes 🔲 No 🗍
Name of church or fellowship (if applicable)
How long have you been a Christian? (if applicable) years
Have you been vaccinated against Hepatitis B? Yes No No (Tick)
(We highly recommend that you have a conversation with your G P about what vaccinations you have had and should have.)
Are you First Aid trained? Yes No (If "Yes" please give brief details of training) Date Certificate expires
We have vacancies most nights and would like to fit you in where we have the greatest need
Which nights are you available? Soup Runs - Tue Wed Thur Fri Tea Bar - Sun
Can you help cover absences? Yes No
Could you collect sandwiches from shops? late afternoon a early evening ReadiStreet
Could you give time cleaning the office/warehouse? morning \square afternoon \square
Are you applying for ReadiFood only? Yes No
Which days are you available? Parcel deliveries - Mon Tue Wed Thur Fri
Are you CRB checked? Yes No (If "Yes" please provide photocopy or original to be copied) ReadiFood
Do you hold a full, clean driving license? Yes No (If not "clean" please give details)
Would you be interested in becoming a "befriender" to one of our Stepping Stones tenants ? Yes \(\bar{\tenants} \) No \(\bar{\tenants} \) It would involve regular visiting, praying for them and encouraging them to go to church.

Please continue overleaf

*If you are a Christian, do you have	e the full support of your Ch	urch? Yes No	and are you able	
to get a couple of people to regular				
Name and address of referees:	:			
Referee's Name				
House No / Street				
Town				
Post Code				
Email				
Phone number (if possible)				
Declarations: I wish to apply to be a volunteer w confidence. I acknowledge that my			·	
out in the "Volunteer Manual", inst of staff of the Charity.	_	·		
I hereby promise to not speak to related to the activities of FAITH. S				-
I grant permission to be "DBS chec hereby state that there is nothing Should there be something that yo	which I should have declare	ed regarding convictions or pa	ast history which would dee	em me unsuitable to work for FCG.
By signing I also accept that I will be there for a given week, I will give go	-	· -	on me to attend regularly.	In the event that I am unable to be
Signature:	olunteer with Faith Christian Group	Date:		
Please return this form to FAITH Ch				<u>g.org.uk</u>
In order to help us consider yo Why do you want to work with	•	ence, if any, you have in th		

We will require two character references, preferably from your pastor/church leader and cell or homegroup leader*, otherwise your employer and/or

someone you have known for a long time.