

Soup Run and Soup Kitchen

Volunteer Application Form

Name: _____ Date of Birth: ____ / ____ / ____

Gender: _____ Occupation: _____

Address: _____ Postcode: _____ City: _____

Contact phone number: _____ Email address: _____

❖ **Why do you want to volunteer at the Soup Run/Soup Kitchen?**

❖ **Which night/s of the week are you available to help? (Please circle all that apply)**

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

❖ **How regularly would be available to volunteer? (Please circle)**

Weekly Fortnightly Monthly Ad hoc

❖ **Do you have you own car? (Please circle)**

Yes No

If Yes, are you happy to drive occasionally as part of the Soup Run? (Please circle)

Yes No

❖ **Which aspect of the Soup Run/Soup Kitchen are you available to help with? (Please tick all that apply)**

Collecting food from Plymouth city centre

Preparing food

Serving the food and clearing up afterwards

Driving

❖ **Have you ever had a DBS completed? (Please circle)**

Yes No

If Yes, please provide the date that your latest DBS was issued ___/___/___ and the Disclosure Number: _____

If No, are you prepared to apply for one? (the fees will be covered by the Soup Run) (Please circle)

Yes No

❖ **Do you have a first aid qualification? (Please circle)**

Yes No

If Yes, please state the name of the qualification: _____ and the date the qualification was awarded: ___/___/___

❖ **Where did you hear about the Soup Run/Soup Kitchen?**

❖ **Please provide details of two referees (This can include personal references).**

Full name: _____ **Full name:** _____

Relationship: _____ **Relationship:** _____

Email: _____ **Email:** _____

Phone: _____ **Phone:** _____

Signed: _____ **Date:** _____

Please email this form to plymouthsoup@hotmail.com

Once you have committed to volunteering it is very important that you honour your commitment. Please give as much as notice if you are unable to help on a specific day or if you decide to stop volunteering. Thank you.