

Soup Run and 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 kitchen/soup run?

❖ Which night 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 Adhoc

❖ 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/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 CRB/DBS completed?

Yes No

If yes, please provide a copy of your latest CRB together with your application.

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

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

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

Relationship: _____ **Relationship:** _____

Email: _____ **Email:** _____

Mobile: _____ **Mobile:** _____

Signed/Name: _____ **Date:** _____

Please email this form to info@plymouthsoup.run.org.uk