



## Volunteer Application Form

Thank you for your offer to help with the Lincoln Community Larder. Please complete this form and return it to us at Lincoln Community Larder, YMCA Annexe, Rosemary Lane, Lincoln. LN2 5AR.

(If you have any questions about your application please contact us on 07914 655460)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Tel No:** \_\_\_\_\_

**Mobile No:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

### Contact in case of emergency

**Name:** \_\_\_\_\_

**Tel No:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

Please circle the number(s) you are interested in:

1. Helping in an outreach centre
2. Driving to transport food (e.g. to outreach centres)
3. Helping in the warehouse
4. Shopping for food
5. Collecting food donations

References (please note that neither referee should be a close family relation)

**Referee 1 Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Tel No:** \_\_\_\_\_

**Email:** \_\_\_\_\_

In what capacity known to you:

**Referee 2 Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Tel No:** \_\_\_\_\_

**Email:** \_\_\_\_\_

In what capacity known to you:

Do you have any health problems that we should be aware of?  
Please provide details.

Yes / No

Note: Most of the roles involve some lifting and carrying.

If you have any criminal convictions (except those 'spent' under the Rehabilitation of Offenders Act) please give details:

Please tell us why you are you interested in volunteering for the Lincoln Community Larder:

Please provide us with any other information you think may be useful to us (for example, which days you are free, which outreach centre, if you have transport, etc)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Once your form has been received our Volunteer Coordinator will contact you with further information.