

Volunteer Worker Application Form

Full Name
Permanent Address
Town Postcode
Landline Phone No Mobile No
Date of Birth Email You must be over 18 to volunteer with Faith Christian Group
Next of kin name and phone number (in an emergency)
It will be vital to carry your phone and share the number with your team(s). (GDPR data protection – see note below)
I am happy to share my mobile number Yes \square No \square I am happy to share my email address Yes \square No \square
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 (We highly recommend that you have a conversation with your G.P. Some will vaccin for free, others charge. Emphasise the nature of this role and the contact that you will have with people likely to be infected.)
Are you First Aid trained? * Yes No (If "Yes" please give brief details of training below) 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 Te
Can you help cover absences? Yes No No Could you collect sandwiches from shops? late afternoon early evening ReadiStreet
Could you give time cleaning the office/warehouse? morning \Box afternoon \Box
Are you applying for ReadiFood only? Yes \square No \square
Which days are you available? Parcel deliveries - Mon Tue Wed Thur Fri
Are you DBS checked? * Yes No O (If "Yes" please provide photocopy or original to be copied)
Do you hold a full, clean driving license? * Yes No (If not "clean" please give details)

GDPR compliance. We keep the paper copy of your application on file in a locked cabinet in the office. Lists of volunteers with contact details are kept "in the cloud" on Dropbox which is GDPR compliant. Office computers, network and Dropbox access are all pass-worded. * denotes an optional reply

employer and/or someone you h	have known for a long time.	-
If you are a Christian, do you have th	he full support of your Church? Yes No	
We also recommend that you get a c	couple of people to regularly pray for you while you	are involved with this outreach.
Name and address of referees:		
Referee's Name		
House No / Street		
Town		
Post Code		
Email		
Phone number (if possible)		
* * *	• • = •	tand that any information given here will be treated in the strictest
= :		the integrity of the charity and agree to abide by the guidelines set ed in writing and to accept any instructions given to me by a member
	mbers of the media, local authority, police or other e approached by any of the above, I undertake to to	representatives of any of other organisations, on any matter related ell them to speak to the Director.
hereby state that there is nothing w		ising that FAITH work with people at risk, families and children, and or past history which would deem me unsuitable to work for FCG. ector, or in a separate document.
I am happy to have the above inform	nation stored digitally and to be contacted by email	I and telephone with regards to matters related to my volunteering.
	committing to a team of volunteers who will be reod warning to the team and to the office.	elying on me to attend regularly. In the event that I am unable to be
Signature:	Date:	
Please return this form to FAITH	Christian Group, 33 Boulton Road, Reading,	RG2 0NH or scan and email to admin@fcg.org.uk
In order to help us consider you	ir suitability to work as a volunteer, please tel	l us below:-
Why do you want to work with F	FAITH? What experience, if any, you have in	n this kind of activity.

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