

TCK VOLUNTEER FORM & RISK ASSESSMENT

Name:

Contact No:

DOB:

Address:

Emergency contact:

DBS check: Yes / No

No:

1) Why would you like to volunteer at TCK?

2) Why did you choose TCK?

3) What do you know about TCK and what they do in the community?

4) What role would you like to play within TCK?

Some examples are:

Helping at the food stalls **Yes** **No**

Packing at food bank **Yes** **No**

Serving guests at food bank **Yes** **No**

Delivering or collecting food (Own car or TCK van) **Yes** **No**

Befriending **Yes** **No**

5) What personal qualities or skills can you offer TCK?

6) What experience do you have that would make you the right person for this role?

7) Do you have any health issues or additional needs that you need us to be aware of?

Yes No

If yes, please give details here:

8) Are you currently taking any medication?

Yes No

If yes, please give details here:

9) Some of the roles involve lifting of heavy crates.

Do you currently have issues with your back **Yes No**

Have you had any past history relating to your back? **Yes No**

If yes, please give details here:

10) Do you smoke?

Yes No

If yes, do you agree not to smoke whilst on duty with TCK? **Yes No**

Volunteer signature:

Date:

For Office Use only:

Checked by:

Date:

Accepted: Yes / No

Start date: