



Refettorio  
Felix

## Volunteer Application Form

### Personal Information

**Title:** Mr /Mrs /Miss /Ms /Other (please state) .....

**Name:** .....

**Address:** .....

..... **Postcode:** .....

**Date of Birth:** .....

**Telephone:** ..... **Emergency contact no:** .....

**Emergency contact name:** ..... **Relationship to volunteer:** .....

**Email Address:** .....

**Why do you want to volunteer at Refettorio Felix?**

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**Have you any previous volunteer experience? If so please describe**

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**Describe any relevant skills and experience you have. Include Education and Training** (eg. qualifications, restaurant experience, languages you speak and experience related to food)

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**Are there any specific needs you would like us to take into account?** (eg. Disability / Allergies / Medication)

.....

**Please indicate when you are available to volunteer** (how many days per week, lunchtime, evenings,)

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**Please note: we can only accept applicants that are over 18 years of age.**

**Please return this form to:** [volunteers@stcuthbertscentre.org.uk](mailto:volunteers@stcuthbertscentre.org.uk)