

Name:

Address:

Contact telephone number:

E-mail address:

Contact details in case of emergency:

Name:

Telephone number:

The following roles are available:

Shopping

Welfare checks

Prescription collection

Dog walking

Offer of help (please outline what you can offer include days / times and also include anything that you are unable or would prefer not to do)

Rushcliffe CVS needs to be aware of any concerns (medical or otherwise) which might affect your ability to carry out certain activities.

Do you have any disability, medical, psychological or mental health issues that are relevant to your potential involvement as a volunteer and which could prevent you from helping with likely tasks in relation to this emergency? If you are unsure, please ask assessment staff.

YES NO

If YES, please state what type of activities you cannot do, or if you require any additional assistance or aid:

Are there any other factors (including unspent criminal convictions) that are relevant to your potential involvement as a volunteer? If you are unsure, please ask assessment staff.

YES NO

If YES, please provide details:

Do you have a current DBS certificate?

YES NO

Please provide details of two referees who are over 18 and not a relative, if you are struggling to do this please speak with us.

Name
Contact details
How you know them

Name
Contact details
How you know them

This form will be retained by Rushcliffe CVS until the emergency (both response and recovery phases) are over and will then be disposed of in accordance with the Data Protection Act 2018 and GDPR.

Data protection: I authorise Rushcliffe CVS to hold this information on a database and to use it for the purpose of emergency situation.

Please tick if agreeable ☐

<p>Name and signature of volunteer:</p> <p>Date:</p>	
<p>Name and signature of staff:</p> <p>Date:</p>	
<p>For office use only</p> <p>Accepted for volunteering role?</p> <p>YES NO</p> <p>If not accepted, reasons for doing so?</p> 	