Please Return completed forms to

Volunteer Coordinator

ADDRESS

TELEPHONE

EMAIL ADDRESS

**Volunteer Registration Form**

|  |
| --- |
| **Name:** |
| **Address:** |
| **Contact telephone number:****Mobile:** |
| **Contact details in case of emergency:****Name:****Telephone number:****Relationship to you:** |
| **Photo Identification document provided:****Date of birth:** |
| **Volunteer role.****Please outline what you can offer, also include anything you are unable or would prefer not to do:** **€ Taking telephone shopping lists from customers** **€ Shopping at the supermarket** **€ Listening telephone volunteer** **€ Hand letter writing** **Other – please state** |
| **Availability**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | MON | TUES | WED | THURS | FRI |
| AM |  |  |  |  |  |
| PM |  |  |  |  |  |

**[NAME OF ORGANISATION] takes the health and well-being of all our volunteers very seriously and needs to be aware of any concerns (medical or otherwise) which might affect your ability to carry out certain tasks. We also have a duty of care to protect vulnerable customers and other volunteers.****Do you have any underlying health conditions, 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 tasks in relation to the coronavirus emergency? If you are unsure please talk to [NAME OF ORGANISATION] staff**  |
| **Are there any other factors (including unspent criminal convictions) that are relevant to your potential involvement as a volunteer? If you are unsure please talk to [NAME OF ORGANISATION] staff** |
| **Data Protection** **[NAME OF ORGANISATION] only collects data which is relevant to allow volunteer to carry out their activities. Please be assured that all information is treated in confidence, will not be shared with a third party and will only be used by [NAME OF ORGANISATION] to enable you to carry out your role.****This form will be retained by [NAME OF ORGANISATION] until the Coronavirus emergency (both response and recovery phases) is over and will then be disposed of in accordance with the Data Protection Act 2018 and GDPR** |
| **Confidentiality****As part of your volunteering you may have access to people’s contact details and other personal information.** **[NAME OF ORGANISATION] takes confidentiality very seriously.** **In signing this form you agree that you will not pass on any confidential information you may gain whilst volunteering to a third party. Any breach of confidentiality will result in you being asked to leave your volunteering role.** |
| **Name and signature of volunteer:****Date:** |
| **Office use notes****€ Agreed****€ Not agreed for volunteering**  **Reason:** |